

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E1707						
Service	-	Designation	MTS	Sub Cadre	---	
Joining Date :						
Name Details						
Title	First Name	Middle Name	Surname			
MR.	RAM	JANAK	TIWARI	Initials		
Identity Card No. :						
Sex	MALE	Date Of Birth (DD-MM-YYYY)	10-07-1993	Date of Retirement	31-07-2053	
Community	BRAHMIN	Religion	HINDU			
Father's Name	SANKTA PRASAD TIWARI					
Birth Details						
Birth Place	GONDA	Birth State/UT	UTTAR PRADESH	Nationality	INDIAN	
Birth District	GONDA	Mother Tongue	HINDI			
Domicile	UTTAR PRADESH	Physically Handicap Status	NO			
Blood Group				Identification Marks	A MOLE ON THE LEFT SIDE OF THE FACE	
Marital Details						
Marital Status	UNMARRIED	Spouse Name				
Spouse Nationality						
Joining Details						
Source of Recruitment	SSC	Joining Date	15-09-2021	Retirement Date	31-07-2053	
Departmental Examination Details (If applicable)						
	Level	Year	Rank			
1						
2						
3						
Remarks (if any)						
Languages known						
	Name of Language	Read	Write	Speak		
Indian Languages Known	HINDI	YES	YES	YES		
2						
Foreign Languages Known	ENGLISH	YES	YES	YES		
1						
2						
3						

Details of deputation (if applicable)

Name of the Office	Post held at that time in parent office	Name of post (selected for deputation)	Period of deputation	
			Since	From

Details of Foreign Visit

Sl. No.	Place of Visit	Date of visit	Post held at that time	Whether it is a personal or official visit	Details of visit

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification	Discipline		Specialization 1	
MSc	MATHEMATICS			
Year	Division	CGPA/ % Marks	Specialization 2	
2015	SECOND	54.41		
Institution	University	Place	Country	
LBS PG COLLEGE GONDA	DR RMLAU FAIZABAD	GONDA	INDIA	
Experience				
Type of Posting		Level		
PERMANENT		1		
Designation		Present Position		
MTS				
Ministry		Department		
MOWR		CWPRS		
Office		Place		
CWPRS KHADAKWASALA PUNE		PUNE		
Experience Subject		Period of Posting		
Major	Minor	From	To	
-	-	-	-	
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject(minimum 1 week & above)</i>				
Training				
Training Year	Training Name		Training Subject	
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)	

Sponsoring Authority		Period of Training		Duration	Result	
		From	To	(in Weeks)		Qualified
Awards/Publications						
Type of Activity:			Academic		Non Academic	
Activity Area			Activity Subject		Activity Title	
Day	Month	Year	Activity Description/Remarks		Level	

Note: (i) Concerned CCS Officer is responsible for the correctness of information sent through ER Sheet Performa.

(ii) Subject to verification by the concerned administrative authorities.

Date :

Place :

Information checked and verified – by

Signature of Officer

Section Officer		Ministry/ Department			
E-mail id		Room NO.		Building Name:	
Phone NO.		Wing No.			