

| ER Sheet Data Entry Form | | | | | | |
|--|-------------------------|-----------------------------------|-------------------------------|-----------------------------|--------------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. : | | | | | | |
| Service | CSS | Designation | Laboratory Assistant Grade-II | Sub Cadre | NA | |
| Joining Date : 24.06.2022 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | Surname | | | |
| SMT. | REENA | KUMARI | MEENA | Initials | RKA | |
| Identity Card No. : | | | | | | |
| Sex | FEMALE | Date Of Birth (DD-MM-YYYY) | 13.03.1993 | Date of Retirement | 31.03.2053 | |
| Community | SCHEDULED TRIBES | | Religion | HINDU | | |
| Father's Name | SHRI BANWARI LAL MEENA | | | | | |
| Birth Details | | | | | | |
| Birth Place | BHANOKHAR | Birth State/UT | RAJASTHAN | Nationality | INDIAN | |
| Birth District | ALWAR | Mother Tongue | | HINDI | | |
| Domicile | ALWAR(RAJASTHAN) | Physically Handicap Status | | NO | | |
| Blood Group | B (-VE) | | Identification Marks | A MOLE ON LEFT SIDE OF NECK | | |
| Marital Details | | | | | | |
| Marital Status | MARRIED | | Spouse Name | SHRI BALBIR MEENA | | |
| Spouse Nationality | Indian | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | SSC | Joining Date | 24.06.2022 | Retirement Date | 31.03.2053 | |
| 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 | 1 | HINDI | YES | YES | YES | |
| | 2 | ENGLISH | YES | YES | YES | |
| | 3 | | | | | |
| Foreign Languages Known | 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/CGPA | Specialization 1 |
|---------------|-----------------|------------------|
| B.SC | FIRST (6.85) | COMPUTER SCIENCE |
| YEAR | | |
| 2015 | | |

| Institution | University | Place | Country |
|----------------------------|------------------------------------|---------------|---------|
| MAHILA MAHAVIDHYALAYA(BHU) | BANARAS HINDU UNIVERSITY, VARANASI | VARANASI (UP) | India |
| | | | |

Experience

| | | | |
|---------------------------|--|------|----|
| Type of Posting | TEMPORARY | | |
| Designation | LABORATORY ASSISTANT GRADE- II | | |
| Ministry | Ministry of Jal Shakti Department of Water Resources, RD & GR | | |
| MoJS | CWPRS | | |
| Office | Place | | |
| CWPRS, KHADAKWASALA, PUNE | PUNE | | |
| Experience Subject | Period of Posting | | |
| Major | Minor | From | To |
| - | - | - | - |

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)

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 :27.06.2022

Place : Khadakwasla, Pune

Information checked and verified – by

Signature of Officer

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