

| ER Sheet Data Entry Form   |                         |                                   |                       |                           |            |  |
|--|-------------------------|-----------------------------------|-----------------------|---------------------------|------------|--|
| <b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b> |                         |                                   |                       |                           |            |  |
| <b>Employee No. :E1687</b>   |                         |                                   |                       |                           |            |  |
| <b>Service</b>   | -                       | <b>Designation</b>                | M.T.S                 | <b>Sub Cadre</b>          | ---        |  |
| <b>Joining Date :03/09/2021</b>  |                         |                                   |                       |                           |            |  |
| <b>Name Details</b>  |                         |                                   |                       |                           |            |  |
| <b>Title</b>   | <b>First Name</b>       | <b>Middle Name</b>                | <b>Surname</b>        |                           |            |  |
| MR.  | YOGESH                  |                                   | KUMAR                 | Initials                  |            |  |
| <b>Identity Card No. :</b>   |                         |                                   |                       |                           |            |  |
| <b>Sex</b>   | MALE                    | <b>Date Of Birth (DD-MM-YYYY)</b> | 26-10-1999            | <b>Date of Retirement</b> | 31-10-2059 |  |
| <b>Community</b>   | OBC                     | <b>Religion</b>                   | HINDU                 |                           |            |  |
| <b>Father's Name</b>   | JASWANT SINGH           |                                   |                       |                           |            |  |
| <b>Birth Details</b>   |                         |                                   |                       |                           |            |  |
| <b>Birth Place</b>   | BEGPUR                  | <b>Birth State/UT</b>             | HARYANA               | <b>Nationality</b>        | INDIAN     |  |
| <b>Birth District</b>  | MOHINDERG ARH           | <b>Mother Tongue</b>              | HINDI                 |                           |            |  |
| <b>Domicile</b>  | HARYANA                 | <b>Physically Handicap Status</b> | NO                    |                           |            |  |
| <b>Blood Group</b>   | O+                      | <b>Identification Marks</b>       | A CUT MARK ON FORHEAD |                           |            |  |
| <b>Marital Details</b>   |                         |                                   |                       |                           |            |  |
| <b>Marital Status</b>  | UNMARRIED               | <b>Spouse Name</b>                | NO                    |                           |            |  |
| <b>Spouse Nationality</b>  | NO                      |                                   |                       |                           |            |  |
| <b>Joining Details</b>   |                         |                                   |                       |                           |            |  |
| <b>Source of Recruitment</b>   |                         | <b>Joining Date</b>               |                       | <b>Retirement Date</b>    |            |  |
| <b>Departmental Examination Details (If applicable)</b>                      |                         |                                   |                       |                           |            |  |
|  | <b>Level</b>            | <b>Year</b>                       | <b>Rank</b>           |                           |            |  |
| 1  |                         |                                   |                       |                           |            |  |
| 2  |                         |                                   |                       |                           |            |  |
| 3  |                         |                                   |                       |                           |            |  |
| <b>Remarks (if any)</b>  |                         |                                   |                       |                           |            |  |
| <b>Languages known</b>   |                         |                                   |                       |                           |            |  |
|  | <b>Name of Language</b> | <b>Read</b>                       | <b>Write</b>          | <b>Speak</b>              |            |  |
| <b>Indian Languages Known</b>  | HINDI                   | YES                               | YES                   | YES                       |            |  |
| 2  |                         |                                   |                       |                           |            |  |
| <b>Foreign Languages Known</b>   | 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 |
|       |                   |      |

| <b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>                 |                       |                     |                                  |                  |
|--|-----------------------|---------------------|----------------------------------|------------------|
| Qualification  |                       | Discipline          |                                  | Specialization 1 |
| B.S.C  |                       |                     |                                  |                  |
| Year   | Division              | CGPA/ % Marks       | Specialization 2                 |                  |
| 2020   | FIRST                 | 68.74               |                                  |                  |
| Institution  | University            | Place               | Country                          |                  |
| IGU  | INDRA GANDHI          | REWARI              | INDIA                            |                  |
| <b>Experience</b>  |                       |                     |                                  |                  |
| Type of Posting  |                       | Level               |                                  |                  |
| Temporary  |                       | 1                   |                                  |                  |
| Designation  |                       | Present Position    |                                  |                  |
| M.T.S  |                       |                     |                                  |                  |
| 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 &amp; above)</i> |                       |                     |                                  |                  |
| <b>Training</b>  |                       |                     |                                  |                  |
| 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 |
| <b>Awards/Publications</b> |                    |                  |                              |                |           |
| 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/<br>Department |  |                |  |
| E-mail id       |  | Room NO.                |  | Building Name: |  |
| Phone NO.       |  | Wing No.                |  |                |  |