

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :						
Service	-	Designation	GDMO	Sub Cadre	---	
Joining Date :22/01/2021						
Name Details						
Title	First Name	Middle Name	Surname			
MRS.	SWATHI		SITAGARI	Initials		
Identity Card No. :						
Sex	FEMALE	Date Of Birth (DD-MM-YYYY)	13/07/1990	Date of Retirement	31/07/2050	
Community	OBC	Religion	HINDU			
Father's Name	LAXMAIAH					
Birth Details						
Birth Place	JADCHERLA	Birth State/UT	TELANGANA	Nationality	INDIAN	
Birth District	MAHBUBNA GAR	Mother Tongue	TELUGU			
Domicile	TELANGANA	Physically Handicap Status	NO			
Blood Group	A+VE	Identification Marks	MOLE UNDER RIGHT SIDE OF LOWER LIP			
Marital Details						
Marital Status	MARRIED	Spouse Name	VIVEK RATNAMRAJU			
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	UPSC-CMS	Joining Date	22/01/2021	Retirement Date	31/07/2050	
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	TELUGU	YES	YES	YES		
2	HINDI	YES	YES	YES		
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
MBBS			MD
Year	Division	CGPA/ % Marks	Specialization 2
2020	SECOND	64%	
Institution	University	Place	Country
GANDHI MEDICAL COLLEGE	KNR UNIVERSITY	HYDERABAD	INDIA
Experience			
Type of Posting		Level	
		LEVEL 10	
Designation		Present Position	
		GDMO	
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.			