

| ER Sheet Data Entry Form | | | | | | |
|--|--------------------------------|-----------------------------------|----------------------|---------------------------|------------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. : E1586 | | | | | | |
| Service | - | Designation | Lab Assistant Gr.-II | Sub Cadre | --- | |
| Joining Date : 01/11/2018 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | Surname | | | |
| MR. | Subhash | | Patel | Initials | | |
| Identity Card No. : | | | | | | |
| Sex | Male | Date Of Birth (DD-MM-YYYY) | 25/12/1992 | Date of Retirement | 31/12/2052 | |
| Community | OBC | Religion | Hindu | | | |
| Father's Name | Nandlal Patel | | | | | |
| Birth Details | | | | | | |
| Birth Place | At- Nayak Tola PO+PS-Harpur | Birth State/UT | Bihar | Nationality | Indian | |
| Birth District | East champaran | Mother Tongue | Hindi | | | |
| Domicile | Bihar | Physically Handicap Status | No | | | |
| Blood Group | A+ve | Identification Marks | A mole on the chest | | | |
| Marital Details | | | | | | |
| Marital Status | Unmarried | Spouse Name | | | | |
| Spouse Nationality | | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | SSC | Joining Date | 01/11/2018 | Retirement Date | 31/12/2052 | |
| 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 | | |
| Foreign Languages Known 1 | English | yes | yes | yes | | |
| 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 |
| B.Sc. | | Physics | | |
| Year | Division | CGPA/ % Marks | Specialization 2 | |
| 2015 | first | 61.125 | | |
| Institution | University | Place | Country | |
| K.C.T.C. College, Raxaul | BRABU, Muzaffarpur | Bihar | India | |
| Experience | | | | |
| Type of Posting | | Level | | |
| Permanent | | 04 | | |
| Designation | | Present Position | | |
| Laboratory Assistant Gr.-II | | | | |
| Ministry | | Department | | |
| Ministry of Jalshakti | | MOWR | | |
| 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 : 05/08/2021

Place : Pune

Information checked and verified – by

Signature of Officer

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