

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E1662</b>						
<b>Service</b>	-	<b>Designation</b>	L.D.C	<b>Sub Cadre</b>	---	
<b>Joining Date :</b> 05/07/2021						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>			
MR.	SHUBHAM		TUSHIR	Initials		
<b>Identity Card No. :</b>						
<b>Sex</b>	MALE	<b>Date Of Birth (DD-MM-YYYY)</b>	09/05/1994	<b>Date of Retirement</b>		
<b>Community</b>			<b>Religion</b>	HINDU		
<b>Father's Name</b>	AZAD SINGH TUSHIR					
<b>Birth Details</b>						
<b>Birth Place</b>	UJJAIN	<b>Birth State/ UT</b>	MADHYA PRADESH	<b>Nationality</b>	INDIAN	
<b>Birth District</b>			<b>Mother Tongue</b>	HINDI		
<b>Domicile</b>			<b>Physically Handicap Status</b>	NO		
<b>Blood Group</b>	A+		<b>Identification Marks</b>	BURN MARKS ON RIGHT HAND DORSAL		
<b>Marital Details</b>						
<b>Marital Status</b>	MARRIED		<b>Spouse Name</b>	NEERU		
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	S.S.C	<b>Joining Date</b>	05/07/2021	<b>Retirement Date</b>	31/05/2054	
<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		
1						
2						
3						
<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
BSC OPTOMETRIST		OPTOMETRIST		
Year	Division	CGPA/ % Marks	Specialization 2	
2016	I			
Institution	University	Place	Country	
HIMALAYAN UNIVERSITY	HIMALAYAN UNIVERSITY	UTTRANCHAL	INDIA	
<b>Experience</b>				
Type of Posting		Level		
		2		
Designation		Present Position		
LDC				
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>				
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	
<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/ Department			
E-mail id		Room NO.		Building Name:	
Phone NO.		Wing No.			