

ER Sheet Data Entry Form							
Basic Data							
Officer ID No. Details							
Service	CCS	Cadre	RA	Sub Cadre		Id No.	
Select List Year (Allot Year)							
Name Details							
Title		First Name		Middle Name		Sur Name	
Mr	ANKIT			ANIL	Initials	SAHU	
CSL No./		SCSL No: (if known)					
Sex	Male		Date Of Birth	04 th MAY, 1991	Date of Retirement		
Community	OBC		Religion	Hindu			
Father's Name		ANIL SHIVNARAYAN SAHU					
Birth Details							
Birth Place	AMRAVATI		Birth State/UT	MAHARASHTRA	Nationality	Indian	
Birth District	Amravati		Mother Tongue		Hindi		
Domicile	Maharashtra		Physically Handicap Status		No		
Blood Group	B+		Identification Marks		Mole on right hand little fingure		
Marital Details							
Marital Status	Unmarried		Spouse Name		-		
Spouse Nationality		-					
Joining Details							
Source of Recruitment		SSC	Joining Date	16-07-2018	Retirement Details		
Departmental Examination Details							
Level			Year		Rank		
1	NA		NA		NA		
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
NA	NA	NA	-	-

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
	NA	NA	NA	NA	NA

Transfer/Posting Detail (if applicable)

Place	Period of posting			
	Since	From		
NA	NA	NA		
Remarks (if any)				
Language known				
		Read	Write	Speak
Indian Languages Known	1 Hindi	Yes	Yes	Yes
	2 Marathi	Yes	Yes	Yes
	3			
	4			
	5			
Foreign Languages	1 English	Yes	Yes	Yes
	2			
	3			

Qualification			
Qualification	Discipline	Specialization 1	
B.E	CIVIL		
Year	Division	CGPA/%	Specialization 2
2013	First	72.30	-
Institution	University	Place	Country
PRPCE	SGBAU	AMRAVATI	India
Experience			
Type of Posting	Level		
Permanent	7		

Designation		Present Position			
Research Assistant		Research Assistant			
Ministry		Department			
WATER RESOURCES		CENTRAL WATER & POWER RESEARCH STATION			
Office		Place			
CW&PRS		PUNE			
Experience Subject		Period of Posting			
Major		Minor		From	To
-		-		-	-
Training					
Training Year	Training Name			Training Subject	
	Field Visit Country			Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result	
	From	To	(in Weeks)	Qualified	
				Not Qualified	
Awards/Publications					
Type of Activity:		TO	Academic	Non Academic	
Activity Area		Activity Subject		Activity Title	
Day	Month	Year	Activity Description/Remarks	Level	

Note: (i) Concerned CSS Officer is responsible for the correctness of information sent through ER Sheet proforma.

(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.			