

| ER Sheet Data Entry Form   |                         |                                   |                |                           |                 |  |
|--|-------------------------|-----------------------------------|----------------|---------------------------|-----------------|--|
| <b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b> |                         |                                   |                |                           |                 |  |
| <b>Employee No. :</b>  |                         |                                   |                |                           |                 |  |
| <b>Service</b>   | -                       | <b>Designation</b>                | LDC            | <b>Sub Cadre</b>          | ---             |  |
| <b>Joining Date :27/11/2018</b>  |                         |                                   |                |                           |                 |  |
| <b>Name Details</b>  |                         |                                   |                |                           |                 |  |
| <b>Title</b>   | <b>First Name</b>       | <b>Middle Name</b>                | <b>Surname</b> |                           | <b>Initials</b> |  |
| MISS   | VISHU                   |                                   | DHAMA          |                           | DK              |  |
| <b>Identity Card No. :</b>   |                         |                                   |                |                           |                 |  |
| <b>Sex</b>   | FEMALE                  | <b>Date Of Birth</b>              | 19/06/1994     | <b>Date of Retirement</b> | 30/06/2054      |  |
| <b>Community</b>   | UR                      | <b>Religion</b>                   | HINDU          |                           |                 |  |
| <b>Father's Name</b>   | KIRANPAL DHAMA          |                                   |                |                           |                 |  |
| <b>Birth Details</b>   |                         |                                   |                |                           |                 |  |
| <b>Birth Place</b>   | KHEKRA                  | <b>Birth State/ UT</b>            | UP             | <b>Nationality</b>        | INDIAN          |  |
| <b>Birth District</b>  | BAGHPAT                 | <b>Mother Tongue</b>              | HINDI          |                           |                 |  |
| <b>Domicile</b>  | UP                      | <b>Physically Handicap Status</b> | NO             |                           |                 |  |
| <b>Blood Group</b>   |                         | <b>Identification Marks</b>       | MOLE ON BACK   |                           |                 |  |
| <b>Marital Details</b>   |                         |                                   |                |                           |                 |  |
| <b>Marital Status</b>  | UNMARRIED               | <b>Spouse Name</b>                |                |                           |                 |  |
| <b>Spouse Nationality</b>  |                         |                                   |                |                           |                 |  |
| <b>Joining Details</b>   |                         |                                   |                |                           |                 |  |
| <b>Source of Recruitment</b>   | SSC                     | <b>Joining Date</b>               | 27/11/2018     | <b>Retirement Date</b>    | 30/06/2054      |  |
| <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>  | 1. HINDI                | YES                               | YES            | YES                       |                 |  |
|  | 2. ENGLISH              | YES                               | YES            | YES                       |                 |  |
| <b>Foreign Languages Known</b>   | 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 |
| BA   |                           |                  |                  |
| Year   | Division                  | CGPA/ % Marks    | Specialization 2 |
| 2014   | I <sup>st</sup> DIVISION  | 65%              |                  |
| Institution  | University                | Place            | Country          |
| M.M. DEGREE COLLEGE<br>KHEKRA  | CCS<br>UNIVERSITY, MEERUT | MEERUT           | INDIA            |
| <b>Experience</b>  |                           |                  |                  |
| Type of Posting  |                           | Level            |                  |
|  |                           |                  |                  |
| Designation  |                           | Present Position |                  |
| LDC  |                           | 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.             |  |                |  |