

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E1632						
Service	CCS	Designation	LAB. ASSTT.GR.-II	Sub Cadre		
Joining Date : 18 APRIL 2019						
Name Details						
Title	First Name	Middle Name	Sur Name		Initials	SS
MR.	SWADESH		SINGH			
Identity Card NO.:						
Sex	MALE	Date Of Birth	12.05.1994	Date of Retirement	31.05.2054	
Community	KSHAKTRIYA (GENERAL)		Religion	HINDU		
Father's Name	RAJESH PRATAP SINGH					
Birth Details						
Birth Place	MEETHEPUR, P.O. KHENWAR	Birth State/ UT	UTTAR PRADESH	Nationality	INDIAN	
Birth District	AMBEDKAR NAGAR		Mother Tongue	HINDI		
Domicile	UTTAR PRADESH		Physically Handicap Status	NO		
Blood Group	B+ve (B-Positive)		Identification Marks	1) Mole on the lower leaf of Right Eye, 2) Stretch Mark on Left Ear		
Marital Details:						
Marital Status	SINGLE		Spouse Name	N.A.		
Spouse Nationality	NA					
Joining Details						
Source of Recruitment	STAFF SELECTION COMMISSION	Joining Date	18.04.2019	Retirement Date	31.05.2054	
Departmental Examination Details (If applicable)						
	Level		Year		Rank	
1	NA		NA		NA	
2						
3						
Remarks (if any)						
Languages known						
	Name of Language	Read	Write	Speak		
Indian Languages 1 Known	HINDI	Yes	Yes	Yes		
2	ENGLISH	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	
B.Sc. (Hons.)	COMPUTER SCIENCE	COMPUTER SCIENCE	
P. G. Diploma in Computer Applications	COMPUTER APPLICATIONS	COMPUTER APPLICATIONS	
Master of Computer Applications (M.C.A.)	COMPUTER APPLICATIONS	COMPUTER APPLICATIONS	
Year	Division	CGPA / % Marks	Specialization 2
2013	FIRST	60.725	-
2016	FIRST WITH DISTINCTION	77.30	-
2018	FIRST	73.00	-
Institution	University	Place	Country
SHAHEED SUKHDEV COLLEGE OF BUSINESS STUDIES (SSCBS)	UNIVERSITY OF DELHI	EAST DELHI, DELHI	INDIA
INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)	INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)	NEW DELHI, DELHI	INDIA
INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)	INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)	NEW DELHI, DELHI	INDIA

Experience

Type of Posting		Level	
On Probation		Group C	
Designation		Present Position	
Laboratory Assistant Grade-II		Laboratory Assistant Grade-II	
Ministry		Department	
Water Resources, RD&GR		Water Resources, RD&GR	
Office		Place	
CWPRS		Khadakwasla, Pune	
Experience Subject		Period of Posting	
Major		Minor	From To
National University of Educational Planning and Administration, New Delhi		Project Computer Operator/ Clerk	18.12.2015 17.10.2016
National Institute of Educational Planning and Administration, New Delhi		Project Computer Operator/ Clerk	01.05.2017 12.10.2017
Central Adoption Resource Authority, Ministry of Women and Child Development, New Delhi		Young Professional	13.10.2017 20.03.2019
<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
		From To	(in Weeks)
Awards/Publications: nil			
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 proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : 25.04.2019

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.	