

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 :05/04/2019</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>			
MR	SHASHANK		LOHIYA	Initials		
<b>Identity Card No. :</b>						
<b>Sex</b>	MALE	<b>Date Of Birth</b>	18.12.1995	<b>Date of Retirement</b>	31.12.2055	
<b>Community</b>	GENERAL	<b>Religion</b>	HINDU			
<b>Father's Name</b>	CHANDRA SHEKHAR					
<b>Birth Details</b>						
<b>Birth Place</b>	KONCH	<b>Birth State/ UT</b>	UTTAR PRADESH	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	JALAUN	<b>Mother Tongue</b>	HINDI			
<b>Domicile</b>	UTTAR PRADESH	<b>Physically Handicap Status</b>	NO			
<b>Blood Group</b>	A-V		<b>Identification Marks</b>	MOLE ON LEFT BACK SIDE		
<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>	05/04/2019	<b>Retirement Date</b>	31.12.2055	
<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>		
Indian Languages 1 Known	HINDI	YES	YES	YES		
2.	ENGLISH	YES	YES	YES		

Foreign Languages Known				
1				
2				
3				
<b>Address Details</b>				
Permanent Address	GANDHI NAGAR, NEAR CHANDKUAN KONCH DIST-JALAUN 285205	City		KONCH
	State/UT	UTTAR PRADESH	Pin code	285205
Present Contact Address	A-20, CWPRS COLONY KIRKATWADI, KHADAKWASLA	City		PUNE
	State/UT	MAHARASHTRA	Pin Code	411024
	Phone (Off)		Fax	
	Phone (Res)	----	Mob No	9005166055/8299552 674
	E-Mail (Mandatory)	Shashanklohiya1812@gmail.com		

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.S.C.		MATH			
Year	Division	CGPA/ % Marks	Specialization 2		
2015	FIRST CLASS	60.33	-		
Institution	University	Place	Country		
SURAJ GYAN MAHAVIDYALAYA	BUNDELKHAND UNIVERSITY	KONCH	INDIA		
<b>Experience</b>					
Type of Posting		Level 2			
		Group C			
Designation		Present Position			
		LOWER DIVISION CLERK			
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>					
<b>Training</b>					
Training Year	Training Name		Training Subject		
-	-		----		
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)		
0	-	-	-		
0	-	-	-		
Sponsoring Authority		Period of Training		Duration	Result
		From	To	( in Weeks)	Qualified
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<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 /	
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		Department			
E-mail id		Room NO.		Building Name:	
Phone NO.		Wing No.			