

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :						
Service	CCS	Designation	MTS		Sub Cadre	
Joining Date :						
Name Details						
Title	First Name	Middle Name	SurName			
MR.	GOVINDA	KUMAR			Initials	
Identity Card No. : 1794/15						
Sex	Male	Date Of Birth	02-03-1992	Date of Retirement	31-03-1952	
Community	OBC		Religion	HINDU		
Father's Name	RAGHUNANDAN PRASAD YADAV					
Birth Details						
Birth Place	MUNGER	Birth State/ UT	BIHAR	Nationality	INDIAN	
Birth District	MUNGER	Mother Tongue	HINDI			
Domicile		Physically Handicap Status	NO			
Blood Group	O+VE		Identification Marks	MOLE ON CHEST		
Marital Details						
Marital Status	Unmarried		Spouse Name			
Spouse Nationality						
Joining Details						
Source of Recruitment	STAFF SELECTION COMMISSION	Joining Date	05-02-2015	Retirement Date	31-03-1952	
Departmental Examination Details (If applicable)						
	Level	Year		Rank		
1	NO					
2						
3						

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 HINDI	✓	✓	✓
	2 ENGLISH	✓	✓	✓
	3			
	4			
	5			
Foreign Languages Known				
	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	
MATRIC					
Year	Division		CGPA/ % Marks	Specialization 2	
Institution		University	Place	Country	
		TNBU	BHAGALPUR	INDIA	
Experience					
Type of Posting			Level		
MTS					
Designation			Present Position		
MTS			BILL SECTION		
Ministry			Department		
WATER RESOURCES			C.W.P.R.S.		
Office			Place		
C.W.P.R.S.			KHADAKWASLA		
Experience Subject			Period of Posting		
Major		Minor		From	To
BILLS					
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)</i>					
Training NO					
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
					Not Qualified
Awards/Publications NO					
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 : 24-06-2015

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.	