

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E-1450</b>						
<b>Service</b>	CCS	<b>Designation</b>	Lower Division Clerk	<b>Sub Cadre</b>		
<b>Joining Date : 01/12/2014</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>		
	RAHUL		MALIK			
<b>Identity Card No. : 1697/15</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	17.7.1990	<b>Date of Retirement</b>	31.07.1950	
<b>Community</b>	General	<b>Religion</b>	HINDU			
<b>Father's Name</b>	SATBIR SINGH MALIK					
<b>Birth Details</b>						
<b>Birth Place</b>	SONIPAT	<b>Birth State/ UT</b>	Haryana	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	SONIPAT	<b>Mother Tongue</b>	HINDI			
<b>Domicile</b>	HARYANA	<b>Physically Handicap Status</b>	NIL			
<b>Blood Group</b>	AB+	<b>Identification Marks</b>	A Scar Mark on Left Hand			
<b>Marital Details</b>						
<b>Marital Status</b>	Unmarried	<b>Spouse Name</b>	Not Applicable			
<b>Spouse Nationality</b>	Not Applicable					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	SSC	<b>Joining Date</b>	1.12.2014	<b>Retirement Date</b>	31.07.2050	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1						
2						
3						

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known 1	Hindi	Yes	Yes	Yes
2	English	Yes	Yes	Yes
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
Not Applicable				

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
Not Applicable					

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
Not Applicable		

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
B.A		ARTS			
Year	Division		CGPA/ % Marks	Specialization 2	
2010	Third		37.83		
Institution		University	Place	Country	
C.R.Z		M.D.U	ROHTAK	INDIA	
<b>Experience</b>					
Type of Posting			Level		
Designation			Present Position		
Ministry			Department		
Office			Place		
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)		
Sponsoring Authority		Period of Training		Duration	Result
		From	To	( in Weeks)	Qualified
					Not 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 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.			