

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E 1103</b>						
<b>Service</b>	CCS	<b>Designation</b>	M.T.S	<b>Sub Cadre</b>	Group-C	
<b>Joining Date : 02/09/1996</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>		<b>Initials</b>	
Mr.	GOKUL CHANDRA	JOGENDRA	PAL		G.J	
<b>Identity Card No. :</b> 1672/14						
<b>Sex</b>	Male	<b>Date Of Birth</b>	21/08/1961	<b>Date of Retirement</b>	31/08/2021	
<b>Community</b>	BENGALEE		<b>Religion</b>	HINDU		
<b>Father's Name</b>	JOGENDRA PAL					
<b>Birth Details</b>						
<b>Birth Place</b>	Pestarjhar	<b>Birth State/ UT</b>	West Bengal	<b>Nationality</b>	Indian	
<b>Birth District</b>	Coochbehar	<b>Mother Tongue</b>		Bengali		
<b>Domicile</b>	West Bengal	<b>Physically Handicap Status</b>		Blind		
<b>Blood Group</b>	B+ve	<b>Identification Marks</b>		Old Scar Marks Over the left little finger		
<b>Marital Details</b>						
<b>Marital Status</b>	Married		<b>Spouse Name</b>	Mrs.Namita		
<b>Spouse Nationality</b>	Indian					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	02/09/1996	<b>Retirement Date</b>	31/08/2021	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>		<b>Year</b>		<b>Rank</b>	
1	NIL		NIL		NIL	
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 Marathi	No	No	Yes
	2 Hindi	No	No	Yes
	3 English	No	No	Yes
	4 Bengali	No	No	Yes
	5			
Foreign Languages Known				
	1 NIL			
	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
	NIL			

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
	NIL				

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NIL		

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
H.S.C					
Year	Division		CGPA/ % Marks	Specialization 2	
March 1986	2 <sup>nd</sup> Class,		52 %		
Institution		University	Place	Country	
Jenkins H.S.School		H.S.C Board	West Bengal	India	
<b>Experience</b>					
Type of Posting			Level		
Helper			Group- D		
Designation			Present Position		
M.T.S			Group- C		
Ministry			Department		
MOWR, RD & GR			C.W & P.R.S		
Office			Place		
Telephone Section			PUNE		
Experience Subject			Period of Posting		
Major		Minor		From	To
Telephone Operator				1997	Till date
<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.			