

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :</b>						
<b>Service</b>	CCS	<b>Designation</b>	LDC	<b>Sub Cadre</b>		
<b>Joining Date :11-12-2014</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>			
MR.	GOVIND	SINGH	SEHRAWAT	Initials		
<b>Identity Card No. :</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	01-02-1992	<b>Date of Retirement</b>	31-01-1952	
<b>Community</b>	UR	<b>Religion</b>	HINDU			
<b>Father's Name</b>	SHRI DILBAG SINGH					
<b>Birth Details</b>						
<b>Birth Place</b>	HARYANA	<b>Birth State/ UT</b>	HARYANA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	JHAJJAR	<b>Mother Tongue</b>	HINDI			
<b>Domicile</b>	HARYANA	<b>Physically Handicap Status</b>	NO			
<b>Blood Group</b>	AB+ VE	<b>Identification Marks</b>	MOLE ON LEFT SIDE CHEEK			
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	KAVITA			
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	STAFF SELECTION COMMISSION	<b>Joining Date</b>	11-12-2014	<b>Retirement Date</b>	31-01-1952	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1	NO					
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	✓	✓	✓
	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

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>			
Qualification		Discipline	Specialization 1
BA		ARTS	HISTORY
Year	Division	CGPA/ % Marks	Specialization 2
2012	I		
Institution		University	Place
EILLM,SIKKIM		SIKKIM	HARYANA
		Country	
		INDIA	
<b>Experience</b>			
Type of Posting		Level	
Designation		Present Position	
LDC		GR C	
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	6 MONTH 7 DAYS	11-12-2014	TILL DATE
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; 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
<b>Awards/Publications NO</b>			
Type of Activity:		Academic	Non Academic
Activity Area		Activity Subject	Activity Title
Day	Month	Year	Level
Activity Description/Remarks			

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.			