ER She	eet [	Data En	try	Form														
Basic I	Data	<u>1</u>																
Office	r ID	No. De	tail	s 1598/13	3													
Service	e	CSS	Ca	Cadre						Sub Cadre	Research Cadre				Id No.	Will be allocated by CS Division, LNB		
Select	List	Year (A	Allo	t Year)														
Name	Det	ails	AJ	AY SINGH	l													
Title				First N	ame				M	iddle Na	me				Sur N	lame	1	
		AJAY		1									ı	nitia	ls	SIN	GH	
CSL I	No./	1								ı						L		
SCSL	. No	(if knc	wn	)														
Sex	М	Male		Female	9 [	Date Of	of Birth 02/10/1977 Date of				of I	Retire	emer	nt	31/10/1977	,		
Comm	nuni	ty		1	ı			Relig	gior	n			HIN	IDU				
Father	r's N	ame			LAT	E SHRI .	AME	BIKA	SIN	IGH								
Birth [	Deta	ils																
Birth F	Place	e	ΚAN	PUR		Birt	h Sta	ate/l	JT	U.P.				Nationality INDIAN			INDIAN	
Birth [	Distr	ict		U.P.				Mot	her	r Tongue				HINDI				
Domic	ile		U.	P.			Ph	ysica	lly	Handicar	o Sta	itus		NO	T AP	PLICA	ABLE	
Blood Group A+					l		Ide	entificati	on N	Лarks	l				MARK ON TH BROW	E		
Marita	al De	etails						,										
Marita	al St	atus		MARRIE	D				Sp	ouse Na	me		Мі	rs. N	ANDA	ANI SI	INGH	

Spous	e Nationality		INDIAN						
Joining	g Details								
Source	e of	CENTE	RAL	Joining		10/09/2007	Retireme	ent	31/10/2037
Recrui	itment	EMPLO	DYMEN T	Date			Details		
		EXCHA	ANGE						
Depar	tmental Exami	nation I	Details						
	Leve	el			Ye	ar		Ran	k
1	Not Appli	cable							
2									
3									

## Details of deputation (if applicable)

Name of the Office	Post held at that time in	Name of post (selected	Period of deputation		
	parent office	for deputation	·		
NOT APPLICABLE			Since	From	

Details of Foreign Visit

SI.	Place of Visit	Date of	Post held at	Whether it is	Details of visit
No.		visit	that time	a personal	
				or official	
				visit	
	NOT APPLICABLE				
	NOT APPLICABLE				

Transfer/Posting Detail (if applicable)

Place	Period of posting						
NOT APPLICABLE	Since	From					

Remarks (if any)				
Language known				
HINDI/ENGLISH/MARATHI		Read	Write	Speak
		YES	YES	YES
Indian Languages 1	HINDI	yes	yes	yes
Known				
2	ENGLISH	yes	yes	yes
3	MARATHI	yes	yes	yes

5									
oreign Languages 1									
2. NONE									
3									
_	L								
Qualification (Use extra letails)	photocop	y sheets for mult	i qual	ificatio	ons, ex	perienc	e, trainin	g, awards	
Qualification		Discipline				Specia	lization 1		
						C++, A	SP, .NET,	V.B.6.0;SQL6	
1.Sc (Computer Science	<u>e)</u>	Computer Science				ser ver, Artificial Intelligence,Core Java			
						intellig	gence,cor	e Java	
'ear	Divisio	n	C	GPA		Sp	Specialization 2		
ЛАY2005	FIRST I	DIVISION	6.	.5		V.B.6.0;			
						sc	L 7 ser ve	er	
nstitution	iversity		Place	<u> </u>		Country			
MAHARSHI DAYANAND	AHARSHI DAYANAND R			ROHTAK			INDIA		
JNIVERSITY,ROHTAK	UN	IIVERSITY,ROHTAK							
experience				İ					

Type of Posting			Level						
Permanent			SUPERVISORY LEVEL						
Designation			Present Po	sition					
RESEARCH ASSIST	ANT(SCIENTIFIC)		ASSISTANT	RESEARCH OF	FICER				
Ministry			Departmen	nt					
MINISTRY OF WAT	TER RESOURCES		INSTRUME	NTATION					
Office			Place						
CENTRAL WATER	AND POWER RESI	EARCH	PUNE-411024						
STATION,KHADAK	WASLA,PUNE-41:	1024							
Experience Subject	:t		Period of Posting 10/09/2007						
Major		Minor		From	То				
Note:-Refer the Ai	nnexure to fill abo	ove Major, Minor Subje	ects and belo	ow given traini	ng subject				
Training									
Training Year	Training Name		Training S	Subject					
2008	LINUX AS ETHIC	AL LEGAL	LINUX						
	SOFTWARE,								
l	1		ĺ						

Level			te Name, Pla			Field Visit Country			Field Visit Place (within India)			
		C-DAC	PUN E		NA		NA	NA				
Sponso	ring Autho	rity	Period of Tr	rainin	<u> </u>	Duration			Result			
	From				То	( in We	eks)		Qu	Qualified		
									Not Qualified			
Awards	s/Publicati	ons	NOT	APPL	ICABLE							
Type of	f Activity:				Aca	demic			Non A	cademic		
Activity	/ Area			Acti	vity Subject			Activit	ty Title			
Day	Month		Year		Activity De	scription/Re	marks	s Level				
proforr (i		o verifica	ation by the c	concer	rned adminis	trative autho	orities.					
	Date :						Plac	e:				
Informa	ation check	ked and v	verified – by			Signatur	e of Off	ficer				
	Section	on .		1	Ministry/							
Officer					Department  Room NO.							
E-mail id			ı	Buildii Name				_				
	Phone	e NO.			Wing No.					1		