

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>	STORE KEEPER - III	<b>Sub Cadre</b>	GROUP 'C'	
<b>Joining Date : 13/05/2015</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>		<b>Initials</b>	
Mr.	VIKRANT		SONI		VS	
<b>Identity Card No. :</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	15/07/1988	<b>Date of Retirement</b>	31/07/2048	
<b>Community</b>	OBC	<b>Religion</b>	HINDU			
<b>Father's Name</b>	RAM SHANKER SONI					
<b>Birth Details</b>						
<b>Birth Place</b>	KANPUR	<b>Birth State/ UT</b>	UTTAR PRADESH	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	KANPUR	<b>Mother Tongue</b>	HINDI			
<b>Domicile</b>	UTTAR PRADESH	<b>Physically Handicap Status</b>	NO			
<b>Blood Group</b>		<b>Identification Marks</b>	MOLE BEHIND LEFT EAR			
<b>Marital Details</b>						
<b>Marital Status</b>	Unmarried	<b>Spouse Name</b>	-----			
<b>Spouse Nationality</b>	-----					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	SSC/CWPRS	<b>Joining Date</b>	13/05/2015	<b>Retirement Date</b>	31/07/2048	
<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			
	3			
	4			
	5			
Foreign Languages Known				
	1 ENGLISH	YES	YES	YES
	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
NA	NA	NA	NA	NA

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
	NA	NA	NA	NA	NA

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NA	NA	NA

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
GRADUATION		B.A.			
Year	Division		CGPA/ % Marks	Specialization 2	
2008	III		35.33%		
Institution		University	Place	Country	
PRIVATE		C.S.J.M. UNIVERSITY	KANPUR	INDIA	
<b>Experience</b>					
Type of Posting			Level		
TEMPORARY			GROUP 'C'		
Designation			Present Position		
STORE KEEPER III			STORE KEEPER III		
Ministry			Department		
MOWR			HMC/MWS		
Office			Place		
C.W&P.R.S.			PUNE		
Experience Subject			Period of Posting		
Major		Minor		From	To
NA		NA		13/05/2015	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		
NA	NA		NA		
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)		
NA	NA	NA	NA		
Sponsoring Authority		Period of Training		Duration	Result
		From	To	( in Weeks)	Qualified
NA		NA	NA	NA	Not Qualified
<b>Awards/Publications</b>					
Type of Activity:			Academic	Non Academic	
Activity Area		Activity Subject		Activity Title	
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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.	