

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :						
Service	CCS	Designation	M.T.S	Sub Cadre		
Joining Date :-21/08/2015						
Name Details						
Title	First Name	Middle Name	SurName	Initials		
	TRIBHUVAN		KUMAR			
Identity Card No. :						
Sex	Male	Date Of Birth	05/04/1993	Date of Retirement	30/04/2053	
Community	O.B.C	Religion	HINDU			
Father's Name	RAGHUVVEER SINGH					
Birth Details						
Birth Place	KUNDWA CHAINPUR	Birth State/ UT	BIHAR	Nationality	INDIAN	
Birth District	EAST CHAMPARAN	Mother Tongue	HINDI			
Domicile	BIHAR	Physically Handicap Status	NO			
Blood Group			Identification Marks	A MOLE MARKS ON CHIN		
Marital Details						
Marital Status	Married		Spouse Name	SAVITA KUMARI		
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	STAFF SELECTION COMMISSION	Joining Date	21/08/2015	Retirement Date	30/04/2053	
Departmental Examination Details (If applicable)						
	Level	Year	Rank			
1	NA	NA	NA			
2	NA	NA	NA			
3	NA	NA	NA			

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	HINDI	YES	YES	YES
2	ENGLISH	YES	YES	YES
3	NA	NA	NA	NA
4	NA	NA	NA	NA
5	NA	NA	NA	NA
Foreign Languages Known				
1	NA	NA	NA	NA
2	NA	NA	NA	NA
3	NA	NA	NA	NA

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 deputation (if 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
	NIL	NIL	NIL	NIL	NIL

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NIL	NIL	NIL

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
I.A		ARTS			
Year	Division		CGPA/ % Marks	Specialization 2	
2010	1st		61		
Institution		University		Place	Country
R.B.P INTER COLLEGE		BSEB,PATNA		SITAMADHI	INDIA
Experience					
Type of Posting			Level		
Designation			Present Position		
MTS			CWPRS,PUNE		
Ministry			Department		
MOWR,RD&GR			CWPRS		
Office			Place		
CWPRS			PUNE		
Experience Subject			Period of Posting		
Major		Minor		From	To
NA		NA		NA	NA
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)</i>					
Training					
Training Year	Training Name			Training Subject	
NA	NA			NA	
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
Awards/Publications					
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.			