

| ER Sheet Data Entry Form   |                                |                        |                                   |   |             |  |
|--|--------------------------------|------------------------|-----------------------------------|---|-------------|--|
| <b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b> |                                |                        |                                   |   |             |  |
| <b>Employee No. : E1181</b>  |                                |                        |                                   |   |             |  |
| <b>Service</b>   | CCS                            | <b>Designation</b>     | Stenographer-I                    | <b>Sub Cadre</b>                          |             |  |
| <b>Joining Date :12/09/2000</b>  |                                |                        |                                   |   |             |  |
| <b>Name Details</b>  |                                |                        |                                   |   |             |  |
| <b>Title</b>   | <b>First Name</b>              | <b>Middle Name</b>     | <b>SurName</b>                    |   |             |  |
| Mrs.   | SRIDEVI                        | RANJIT                 | TULURI                            | Initials                                  |             |  |
| <b>Identity Card No. :1532/13</b>  |                                |                        |                                   |   |             |  |
| <b>Sex</b>   | Female                         | <b>Date Of Birth</b>   | 24/08/1975                        | <b>Date of Retirement</b>                 | 31/09/2035  |  |
| <b>Community</b>   | Adi-Andhra Christian           |                        | <b>Religion</b>                   | Christian                                 |             |  |
| <b>Father's Name</b>   | KANNEM PREMSUBHAKAR RAO (Late) |                        |                                   |   |             |  |
| <b>Birth Details</b>   |                                |                        |                                   |   |             |  |
| <b>Birth Place</b>   | Rajahmundry                    | <b>Birth State/ UT</b> | Andhra Pradesh                    | <b>Nationality</b>                        | Indian      |  |
| <b>Birth District</b>  | East Godavari                  |                        | <b>Mother Tongue</b>              | Telugu                                    |             |  |
| <b>Domicile</b>  | -                              |                        | <b>Physically Handicap Status</b> | NA  |             |  |
| <b>Blood Group</b>   | B +ve                          |                        | <b>Identification Marks</b>       | A black mole on the right side of foreleg |             |  |
| <b>Marital Details</b>   |                                |                        |                                   |   |             |  |
| <b>Marital Status</b>  | Married                        |                        | <b>Spouse Name</b>                | Mr. RANJIT BABU<br>RAJAN TULURI           |             |  |
| <b>Spouse Nationality</b>  | Indian                         |                        |                                   |   |             |  |
| <b>Joining Details</b>   |                                |                        |                                   |   |             |  |
| <b>Source of Recruitment</b>   | Staff Selection Commission     | <b>Joining Date</b>    | 12/09/2000                        | <b>Retirement Date</b>                    | 31/09/2035  |  |
| <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 | Marathi          | Yes         | -            | Yes          |
|                         | 3 | Telugu           | Yes         | Yes          | Yes          |
|                         | 4 |                  |             |              |              |
| Foreign Languages Known | 1 | English          | Yes         | Yes          | Yes          |
|                         | 2 |                  |             |              |              |

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 |    |
|--------------------|---|--|----------------------|----|
|                    |   |  | From                 | To |
| -                  | -                                       | -                                      |                      |    |

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 |    |
|-------|-------------------|----|
|       | From              | To |
| -     | -                 | -  |

| <b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b> |                   |                             |                  |
|--|-------------------|-----------------------------|------------------|
| Qualification  | Discipline        |                             | Specialization 1 |
| B.A  | Arts              |                             | English          |
| Year   | Division          | CGPA/ % Marks               |                  |
| 1996   | -                 | -                           |                  |
| Institution  | University        | Place                       |                  |
| SKVT Degree College  | Andhra University | Rajahmundry                 | India            |
| Year   | University        | Place                       |                  |
| 1995   | -                 |                             |                  |
| Shorthand(80 wpm)  | State Board       |                             |                  |
| State Board of Technical Education & Training  |                   | Rajahmundry, Andhra pradesh |                  |

| <b>Experience</b>  |       |                       |                                |                     |                                  |
|--|-------|-----------------------|--------------------------------|---------------------|----------------------------------|
| Type of Posting  |       |                       | Level                          |                     |                                  |
|  |       |                       | Group- B (non-Gazetted)        |                     |                                  |
| Designation  |       |                       | Present Position               |                     |                                  |
|  |       |                       | Stenographer-I                 |                     |                                  |
| Ministry   |       |                       | Department                     |                     |                                  |
|  |       |                       | CWPRS                          |                     |                                  |
| Office   |       |                       | Place                          |                     |                                  |
|  |       |                       | Khadakwasla, Pune 411024       |                     |                                  |
| Experience Subject   |       |                       | Period of Posting              |                     |                                  |
| Major  |       | Minor                 | From                           | To                  |                                  |
| Experience Subject   |       |                       | Period of Posting              |                     |                                  |
| Major  |       | Minor                 | From                           | To                  |                                  |
| <i>Note: -Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; above)</i> |       |                       |                                |                     |                                  |
| Training   |       |                       |                                |                     |                                  |
| 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                        |
| -  |       | -                     |                                | -                   | -                                |
| <b>Awards/Publications</b>   |       |                       |                                |                     |                                  |
| Type of Activity:  |       |                       | √                              | Academic            | Non Academic                     |
| Activity Area  |       |                       | Activity Subject               |                     | Activity Title                   |
| Day  | Month | Year                  | Publication of Research Papers |                     | 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 : 30/6/2015

Place : Pune 24

Information checked and verified – by

Signature of Officer

|                 |  |                      |                |
|-----------------|--|----------------------|----------------|
| Section Officer |  | Ministry/ Department |                |
| E-mail id       |  | Room NO.             | Building Name: |
| Phone NO.       |  | Wing No.             |                |