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Officer I	ID N	o. De	etail	S														
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Name D	)eta	ils																
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Mr.		KAN	ΛES	IESHWAR			PRASAD				SHARMA					Initials		
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Sex	•	Male	•	OF	Female Dat		of Birth	rth 02.05.1		963	Date o		te of	Retirement		31.05.2023		3
Community			ОВС	OBC			Religion				Hindu	J						
	ther's	s Na	me	LATE	_ATE MUNDRIKA SHARMA													
Birth De	etails	3																
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Remarks (if any)								
Language Known								
				Read	Write	Speak		
Indian Languages Known	1 2	HIDNIA		Fluent	Fluent	Fluent		
	3 4							
	5							
Foreign Lang. Known	1 2 3							
Address Details	<u> </u>							
Permanant Addres	S	VILL- KHABHAI DIST- ARWAL	NI, PO- KI	HABHAINI,	City	ARWAL		
		State/UT	Bihar		Pin Code			
Present Contact Address		VILL- KHABHAI DIST- ARWAL	NI, PO- KI	HABHAINI,	City	ARWAL		
		State/UT	Bihar		Pin Code			
		Phone (Off)			Fax.			
		Phone(Res)			Mob No			
		E-Mail (Mandatory)			,	•		

Qualification     Discipline     Specialization 1       Year     Division     CGPA     Specialization 2       Institution     University     Place     Country       Experience       Type of Posting     Level       Designation     Present Position       Ministry     Department       Ministry of Water Resources, RD & GR     Ganga Flood Control Commission, Patna       Office     Place       Ganga Flood Control Commission, Patna     PATNA       Experience Subject     Period of Posting       Major     Minor     From     To					-	,	monoc, mannin	g, awar	ds details)				
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Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan training subject	te:-Refer the Annexure to	fill above Major, Mind	fer the Ani	or, Minor Su	bjects and	below gi	van training s	ubject					
Training	aining		9										
Training Year Training Name Training Subject	Training Year Training Name Training Subject												
Level Institute Name, Place Field Visit Country Field Visit Place (within Ind	Level	Institute Nam	Level	e Name, P	lace Field \		/isit Country   Field		ל Visit Place (within India)				
Sponsoring Authority Period of Training Duration Result	Sponsoring Authority	Period	soring Au	Period of T	raining		Duratio	n					
From To (in Weeks) Qualified		From		m	То		( in Weel	(s)	<u> </u>				
Not Qualified								O Not Qualified					
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Type of Activity : O Academic O Non Academic	• •												
Activity Area Activity Subject Activity Title	Activity Area	l	Activ		Activity	Subject		Activity Title					
Day Month Year Activity Description/Remarks Level	)ay Month	Year	Mor	Activ	rity Descrip	otion/Re	emarks		Level				
Note: (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.  (ii) Subject to verification by the concerned administrative authorities.	proforma. (ii) Subject to verit	ication by the conc	proforr	•				tion ser	nt through ER Sheet				
Date : Place : Signature of Officer			ition chec					Sia	nature of Officer				

Ministry/Department

Room No. Wing No. Building Name :

Section Officer

E-mail Id

Phone No.