

**Time Bound  
Reminder-II**

**No. 51/5/2019-Estt-XIII/157-159**  
**Central Water Commission**  
**Government of India**

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4<sup>th</sup> Floor, Sewa Bhawan,  
R.K. Puram, New Delhi – 66.  
Dated the March, 2020

**Sub: Generation of APAR in SPARROW Portal for 2019-20-reg.**

I am directed to refer to WPC Section's Circular No.J-11015(24)/3/2018-WPC(copy enclosed) dated 29.01.2020 on the above mentioned subject and to say that the requisite details in the prescribed proforma in respect of Communication Cadre working your offices i.e. Assistant Director(Communication), Assistant Engineer(Communication), Junior Engineer(Communication), Technical Assistant (Communication) and Technical Assistant (Communication & Maintainance) has not been received in Excel/Word Format as desired.

It is therefore requested that the details of all incumbents of Communication Cadre, posted in your Offices may be furnished in enclosed proforma only in Excel/Word Format and sent to the undersigned through E-mail at [estt13-cwc@nic.in](mailto:estt13-cwc@nic.in) positively by 19.03.2020.

Encls:- As above



(S.C. Pant)

Section Officer

Tele.No.29583341

To,

1. All Chief Engineers of CWC by E-mail.
2. All Superintending Engineers/Director(M&A) in Circle Office of CWC.
- ✓ 3. DD(SMD) for uploading on the website.

Annexure

Name		
Gender		
Father's name		
Date of Birth		
Service Joining Date		
Joining Date in current Grade		
Employee Code		
Biometric Code		
NIC email ID		
Mobile Number		
Office where posted		
Date since posted at present office		
Designation		
Reporting/Reviewing Officer Details during 2019-20		
Period : Date From : _____ Date To : _____	Reporting officer Details Name : Designation : Office :	Reviewing officer Details Name : Designation : Office :
Period : Date From : _____ Date To : _____	Reporting officer Details Name : Designation : Office :	Reviewing officer Details Name : Designation : Office :
Period : Date From : _____ Date To : _____	Reporting officer Details Name : Designation : Office :	Reviewing officer Details Name : Designation : Office :
Educational Qualification		
Date of Filling Annual Property Return		