

| ER Sheet Data Entry Form   |                             |                                   |                    |                           |             |        |
|--|-----------------------------|-----------------------------------|--------------------|---------------------------|-------------|--------|
| <b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b> |                             |                                   |                    |                           |             |        |
| <b>Employee No. : E1358</b>  |                             |                                   |                    |                           |             |        |
| <b>Service</b>   | CCS                         | <b>Designation</b>                | Research Assistant | <b>Sub Cadre</b>          |             |        |
| <b>Joining Date :23 MAY 2011</b>   |                             |                                   |                    |                           |             |        |
| <b>Name Details</b>  |                             |                                   |                    |                           |             |        |
| <b>Title</b>   | <b>First Name</b>           | <b>Middle Name</b>                | <b>SurName</b>     | <b>Initials</b>           |             |        |
| Mr.  | ANIRUDHA                    | BHARGAVRAM                        | BHARDE             |                           | A.B.        | BHARDE |
| <b>Identity Card No. :</b> 1107/11   |                             |                                   |                    |                           |             |        |
| <b>Sex</b>   | Male                        | <b>Date Of Birth</b>              | 01/08/88           | <b>Date of Retirement</b> | 30/07/48    |        |
| <b>Community</b>   | BRAHMIN                     | <b>Religion</b>                   | HINDU              |                           |             |        |
| <b>Father's Name</b>   | BHARGAVRAM MOHINIRAJ BHARDE |                                   |                    |                           |             |        |
| <b>Birth Details</b>   |                             |                                   |                    |                           |             |        |
| <b>Birth Place</b>   | SHEVGAON                    | <b>Birth State/ UT</b>            | MAHARASHTRA        | <b>Nationality</b>        | INDIAN      |        |
| <b>Birth District</b>  | AHMEDNAGAR                  | <b>Mother Tongue</b>              | MARATHI            |                           |             |        |
| <b>Domicile</b>  | MAHARASHTRA                 | <b>Physically Handicap Status</b> | NO                 |                           |             |        |
| <b>Blood Group</b>   | B+VE                        | <b>Identification Marks</b>       | MOLE ON NECK       |                           |             |        |
| <b>Marital Details</b>   |                             |                                   |                    |                           |             |        |
| <b>Marital Status</b>  | Married                     | <b>Spouse Name</b>                | SHRADDHA BHARDE    |                           |             |        |
| <b>Spouse Nationality</b>  | INDIAN                      |                                   |                    |                           |             |        |
| <b>Joining Details</b>   |                             |                                   |                    |                           |             |        |
| <b>Source of Recruitment</b>   | CWPRS                       | <b>Joining Date</b>               | 23 MAY 2011        | <b>Retirement Date</b>    | 30/07/48    |        |
| <b>Departmental Examination Details (If applicable)</b>                      |                             |                                   |                    |                           |             |        |
| <b>Level</b>   |                             |                                   | <b>Year</b>        |                           | <b>Rank</b> |        |

|                         |                  |             |              |              |
|-------------------------|------------------|-------------|--------------|--------------|
| Remarks (if any)        |                  |             |              |              |
| <b>Languages known</b>  |                  |             |              |              |
|                         | Name of Language | <b>Read</b> | <b>Write</b> | <b>Speak</b> |
| Indian Languages Known  | 1 MARATHI        | YES         | YES          | YES          |
|                         | 2 HINDI          | YES         | YES          | YES          |
| Foreign Languages Known | ENGLISH          | YES         | YES          | YES          |

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 |
| NOT 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     |                |               |                        |  |                  |

Transfer/Posting Detail (if applicable)

| Place | Period of posting |      |
|-------|-------------------|------|
|       | Since             | From |
| NIL   |                   |      |

|  |                  |                  |                  |
|--|------------------|------------------|------------------|
| <b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b> |                  |                  |                  |
| Qualification  | Discipline       | Specialization 1 |                  |
| BACHELOR IN ENGINEERING  | CIVIL            |                  |                  |
| Year   | Division         | CGPA/ % Marks    | Specialization 2 |
| 2010   | FIRST            | 65%              |                  |
| Institution  | University       | Place            | Country          |
| Govt. Engineering College  | B.A.M.U.         | AURANGABAD       | INDIA            |
| <b>Experience</b>  |                  |                  |                  |
| Type of Posting  | Level            |                  |                  |
| PERMANANT  | GROUP B          |                  |                  |
| Designation  | Present Position |                  |                  |
| RESEARCH ASSISTANT   | NON GAZETTED     |                  |                  |
| Ministry   | Department       |                  |                  |
| WATER RESOURCES, RIVER DEVELOPMENT & GANGA REJUNVETION   | RIVER HYDRAULICS |                  |                  |
| Office   | Place            |                  |                  |
| CENTRAL WATER AND POWER  | PUNE             |                  |                  |

|  |       |                       |                              |                                  |               |
|--|-------|-----------------------|------------------------------|----------------------------------|---------------|
| RESEARCH STATION   |       |                       |                              |                                  |               |
| Experience Subject   |       | Period of Posting     |                              |                                  |               |
| Major  |       | Minor                 |                              | From                             | To            |
| HYDRAULICS   |       | RIVER HYDRAULICS      |                              | 1/07/2013                        | TILL DATE     |
| <i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; above) ( annexure was not made available)</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     |
|  |       |                       |                              |                                  | Not Qualified |
| <b>Awards/Publications</b>   |       |                       |                              |                                  |               |
| 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.             |  |                |  |