

ER SHEET DATA ENTRY FORM

Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE

Employee No. : E0927

Service	CCS	Cadre	Group `C`	Sub Cadre	LA-II
----------------	-----	--------------	-----------	------------------	-------

Joining Date :05.07.1990

Name Details

Title	First Name	Middle Name	Surname	Initials	
Smt	Mohini	Vijay	Bhide		MVB

Identity Card No. :421/05

Sex	Female	Date Of Birth	05/02/1966	Date of Retirement	28/02/2026
------------	--------	---------------	------------	--------------------	------------

Community	General	Religion	Hindu
-----------	---------	----------	-------

Father's Name : Gopinath Waman Divekar

Birth Details

Birth Place	Pune	Birth State/ UT	Maharashtra	Nationality	Indian
-------------	------	--------------------	-------------	-------------	--------

Birth District	Pune	Mother Tongue	Marathi
----------------	------	---------------	---------

Domicile	Maharashtra	Physically Handicap Status	Yes
----------	-------------	----------------------------	-----

Blood Group	O +ve	Identification Marks	Black mole on left cheek
-------------	-------	----------------------	--------------------------

Marital Details

Marital Status	Married	Spouse Name	Vijay
----------------	---------	-------------	-------

Spouse Nationality	Indian
--------------------	--------

Joining Details

Source of Recruitment	CWPRS	Joining Date	05/07/1990	Retirement Date	28/02/2026
-----------------------	-------	--------------	------------	-----------------	------------

Departmental Examination Details (If applicable)

	Level	Year	Rank
1			
2			
3			

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 Marathi	√	√	√
	2 Hindi	√	√	√
	3 English	√	√	√
	4			
	5			
Foreign Languages Known				
	1			
	2			
	3			

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	
			Since	From

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	
	Since	From

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
B.Com		Commerce		Accounting	
Year	Division	CGPA/ % Marks	Specialization 2		
1986	2 nd Class	55%			
Institution		University	Place	Country	
S P College		Pune	Pune	India	
Experience					
Type of Posting			Level		
Regular			Technical		
Designation			Present Position		
Laboratory Assistant Gr II			Laboratory Assistant Gr II		
Ministry			Department		
Of Water Resources			PH-II		
Office			Place		
CWPRS			Khadakwasla		
Experience Subject			Period of Posting		
Major		Minor	From	To	
Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)					
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
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.			