

ER Sheet Data Entry Form**Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE****Employee No. : E0673**

Service	CCS	Designation	MTS	Sub Cadre	
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Joining Date :**Name Details**

Title	First Name	Middle Name	SurName		
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MR.	Vishnu	Bhaguji	Bhoir	Initials	
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Identity Card No. 1213/11

Sex	Male	Date Of Birth	2.9.1964	Date of Retirement	30.9.2024
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Community		Religion	Hindu
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Father's Name	Bhaguji Dhondu Bhoir
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Birth Details

Birth Place	Junner	Birth State/ UT	MAHARASHTRA	Nationality	INDIAN
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Birth District	PUNE	Mother Tongue	MARATHI
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Domicile	MAHARASHTRA	Physically Handicap Status	
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Blood Group	A+	Identification Marks	
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Marital Details

Marital Status	Married	Spouse Name	Usha
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment	CWPRS	Joining Date	12.9.89	Retirement Date	30.9.2024
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Departmental Examination Details (If applicable)

	Level	Year	Rank
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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
-----Nil-----				

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
-----Nil-----		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
9 th Std. Pass					
Year	Division		CGPA/ % Marks	Specialization 2	
1983					
Institution		University		Place	Country
				Junner	India
Experience					
Type of Posting			Level		
Designation			Present Position		
Ministry			Department		
Office			Place		
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 & 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
					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.	