

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E 0954						
Service	CCS	Designation	M.T.S.	Sub Cadre		
Joining Date : 22/03/1991						
Name Details						
Title	First Name	Middle Name	Sur Name			
MR.	RAHUL	MADHUKAR	BHOSALE	Initials	RMB	
Identity Card No. 808/08						
Sex	MA LE	Date Of Birth	29/10/1972	Date of Retirement	30/10/2032	
Community	HINDU-MAHAR	Religion	HINDU			
Father's Name	MADHUKAR TUKARAM BHOSALE					
Birth Details						
Birth Place	PUNE	Birth State/ UT	PUNE	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue	MARATHI			
Domicile	MAHARASHTRA	Physically Handicap Status	NO.			
Blood Group			Identification Marks			
Marital Details						
Marital Status	Married		Spouse Name	JYOTI		
Spouse Nationality	Indian					
Joining Details						
Source of Recruitment	CWPRS	Joining Date		Retirement Date	31/07/2037	
EMPLOYMENT EXCHANGE						
Departmental Examination Details (If applicable)						
		Level	Year	Rank		
Remarks (if any)						
Languages known						
		Name of Language	Read	Write	Speak	
Indian Languages Known 1	MARATHI		√	√	√	
2	HINDI		√	√	√	
3						
Foreign Languages Known	English		√	√	√	
Name of the Office	Post held at that time in parent office	Name of post selected for deputation	Period of deputation			
Nil			Since	From		
Details of Foreign Visit						
Sl. No.						
Transfer/Posting Detail (if applicable) Nil						
Place		Period of posting				
		Since				From
Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)						
Qualification					Specialization 1	
8 th pass						
Year	Division	CGPA/ % Marks	Specialization 2			
Institution	University	Place	Country			
		Pune	India			
			India			

Experience			
Type of Posting		Level	
Permanent		Group C Non Gazette	
Designation		Present Position	
		Group C NON Gazette	
Ministry		Department	
MOWR,RD & GR		Sub-Ordinate office of MOWR,RD & GR	
Office		Place	
CW&PRS		Pune	
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
	From	To	(in Weeks)
			Result
			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 : 19.06.2015

Place : Pune

Information checked and verified – by

Signature of Officer

Section Officer		Ministry/ Department	
E-mail id		Room NO.	Building Name:
Phone NO.		Wing No.	