ER Sheet Data Entry Form															
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE															
Empl	oyee	No.	:E14	104											
Service CCS Designation					tion	on SCIENTIST 'B'					Sub Cadre				
Joinii	ng D	ate :	13/0	7/201	2										
Name															
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	Identity Card No. 1448/12														
Sex	Mal	e / Fe	emale	MALE	E Date Of Birth			05/07/19 72			Date of Retireme			31/07/2032	2
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| Details of deputation (if applicable) |
| Name of the Office | Post held at that | Name of post | Period of deputation

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			Deta	ile of F	 Foreign	\/icit						
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	Place				<u> </u>		d of po	sting				
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	Institution	•	U	University			Place			Country		
W	Shiva	Shivaji University			Sangli			India				
Experi	Engineering					Mal	harastra	1				
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	REGULAR PER		•	GROUP A (GAZEETED)								
	Designat	ion		Present Position								
	SCIENTIS	T 'B'		SCIENTIST 'B'								
	Ministr			Department								
WA	TER RESOURC		k RD	RSWG								
	Office						Plac					
CW&PRS PUNE					PUNE							
Experience Subject					Period of Posting					1		
Major				Minor Fro								
Welding / Fabrication									12/9/2009			
Mechanical Maintenance								4/9/20		11/7/2017		
DCMC	Operation/Mair	ntenance	•				12	2/7/20	12	Till Date		

Training												
Training Year Training N					9	Training Subject						
2004-20	APPRENTICE JUNIOR					INDIAN RAILWAYS (MECHANICAL)						
			ENGIN	IEER								
2010-20	11	IND	UCTION		INDIAN ORDNANCE FACTORIES							
					(MECHANICAL)							
Level		Institu	ite Name	, Place Field			d Visit Fi			ield Visit Place (within		
					Cou		ıntry		India)			
Sponsorin	g Authori	ity	Perio	aining	ining Dura		ation		Result			
•			From		То		( in W	Veeks)			Qualified	
											Not Qualified	
Awards/Pu	blication	ns										
Type of Activity:						Α	cademic				Non Academic	
Activity Area					Activity	S	ubject			Ac	tivity Title	
PRODUCTION ENGG									GOOD QUALITY OF			
										WORK		
DEFEN	NCE PRO	DUCTIO	V						MONTHLY AWARD FOR			
								SEPTEMBER-2010				
DEFENCE PRODUCTION			V				OUTSTANDING			rstanding		
								CONTRIBUTION-2012				
DEFENCE PRODUCTION								MO		LY AWARD FOR		
								FEB2012				
Day Month Y			Yea				ctivity			Level		
					Description/Remarks			rks				
									1			

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.		