

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E-1316</b>						
<b>Service</b>	CCS	<b>Designation</b>	Assistant Research Officer	<b>Sub Cadre</b>	Group B	
<b>Joining Date : 08-03-2007</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>			
Mr.	AMOL	DEVIDAS	CHUNADE	Initials	ADC	
<b>Identity Card No.</b> 1628/14						
<b>Sex</b>	Male	<b>Date Of Birth</b>	20/01/1979	<b>Date of Retirement</b>	31-01-2039	
<b>Community</b>	OBC		<b>Religion</b>	Hindu		
<b>Father's Name</b>	DEVIDAS BAPURAO CHUNADE					
<b>Birth Details</b>						
<b>Birth Place</b>	BHADRAWATI	<b>Birth State/ UT</b>	Maharashtra	<b>Nationality</b>	Indian	
<b>Birth District</b>	CHANDRAPUR	<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 RIGHT HAND & MOLE ON LEFT LEG PALM		
<b>Marital Details</b>						
<b>Marital Status</b>	Married		<b>Spouse Name</b>	POOJA		
<b>Spouse Nationality</b>	Indian					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	08-03-2007	<b>Retirement Date</b>	31-01-2039	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>		<b>Year</b>		<b>Rank</b>	
1	NA		NA		NA	
2						
3						

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
	3 ENGLISH	YES	YES	YES
	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
NA	NA	NA		

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
	NA	NA	NA	NA	

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NA	NA	NA

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
M.Sc.		PHYSICS		DIGITAL ELECTRONICS, MICROPROCESSOR, FORTRAN-77	
Year	Division		CGPA/ % Marks	Specialization 2	
2001	I st		70.10%		
Institution		University	Place		Country
VIDYABHARATI MAHAVIDYALAYA, AMRAVATI		AMRAVATI UNIVERSITY	AMRAVATI		INDIA
<b>Experience</b>					
Type of Posting			Level		
PERMANANT			GROUP B		
Designation			Present Position		
RESEARCH ASSISTANT			ASSISTANT RESEARCH OFFICER		
Ministry			Department		
MINISTRY OF WATER RESOURCES, RIVER DEVELOPMENT AND GANGA REJUVENATION			ISOTOPE HYDROLOGY		
Office			Place		
CENTRAL WATER AND POWER RESEARCH STATION			KHADAKWASLA, PUNE		
Experience Subject			Period of Posting		
Major		Minor	From	To	
Estimation of seepage through Hydraulic structure		Foundation studies for river valley projects	08-03-2007	TILL DATE	
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; above)</i>					
<b>Training</b>					
Training Year	Training Name		Training Subject		
JUNE 2010	Radiation Safety Aspect Of Nucleonic Gauges		NUCLEONIC GAUGES		
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)		
NA	BARC, Mumbai				
Sponsoring Authority	Period of Training		Duration	Result	
	From	To	( in Weeks)	√	Qualified
CWPRS	14-06-2011	22-06-2010	9 DAYS		Disqualified
<b>Awards/Publications</b>					
Type of Activity:			Academic	Non Academic	
Activity Area		Activity Subject		Activity Title	
Day	Month	Year	Activity Description/Remarks		Level
		From 2007 to 2015	Journals (1 No.) Conferences/Seminars (3 Nos.) Technical Memorandum (2 Nos.)		

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 :PUNE

Information checked and verified – by

Signature of Officer

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