

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E0527						
Service	CCS	Designation	Craftsman C	Sub Cadre		
Joining Date :20/04/1982						
Name Details						
Title	First Name	Middle Name	SurName			
Mr	Jagannath	Nathu	Chatur	Initials		
Identity Card No. :0147						
Sex	Male	Date Of Birth	01/06/59	Date of Retirement	30/05/2019	
Community	ST	Religion	Hindu			
Father's Name	Nathu Pandu Chatur					
Birth Details						
Birth Place	Odha	Birth State/ UT	Maharashtra	Nationality	Indian	
Birth District	Nasik	Mother Tongue	Marathi			
Domicile	Maharashtra	Physically Handicap Status	-----			
Blood Group	AB+Ve	Identification Marks				
Marital Details						
Marital Status	Married	Spouse Name	Lankabai			
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	20/04/82	Retirement Date	30/05/2019	
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	MARATHI	YES	YES	YES
2	HINDI	YES	YES	YES
3	ENGLISH	YES	YES	NO
Foreign Languages Known 1	NO			

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	
NA	NA	NA	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
	NA		NA		

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NA	NA	NA

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
SSC ITI		CARPENTER			
Year	Division		CGPA/ % Marks	Specialization 2	
Institution		University		Place	Country
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.			