

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E1227</b>						
<b>Service</b>	CCS	<b>Designation</b>	Scientist	<b>Sub Cadre</b>	Scientist 'B'	
<b>Joining Date :</b> 12.08.2002						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>			
	Babu	Balasaheb	Chaudharee	Initials		
<b>Identity Card No. : 869/09</b>						
<b>Sex</b>	<input checked="" type="checkbox"/> Male / Female	<b>Date Of Birth</b>	02.06.1974	<b>Date of Retirement</b>	30.06.2034	
<b>Community</b>	Rajgond	<b>Religion</b>	Hindu			
<b>Father's Name</b>	Balasaheb Rajaram Chaudharee					
<b>Birth Details</b>						
<b>Birth Place</b>	Indral village	<b>Birth State/ UT</b>	Maharashtra	<b>Nationality</b>	Indian	
<b>Birth District</b>	Latur	<b>Mother Tongue</b>	Marathi			
<b>Domicile</b>	Maharashtra	<b>Physically Handicap Status</b>				
<b>Blood Group</b>	A <sup>+</sup>	<b>Identification Marks</b>	Mole on lowerportion of right palm			
<b>Marital Details</b>						
<b>Marital Status</b>	<input checked="" type="checkbox"/> Married/Unmarried	<b>Spouse Name</b>	Mrs Ujwala B Chaudahare			
<b>Spouse Nationality</b>	Indian					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	UPSC/ <input checked="" type="checkbox"/> CWPRS	<b>Joining Date</b>	12.08.2002	<b>Retirement Date</b>	30.06.2034	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1						
2						
3						

<b>Remarks (if any)</b>					
<b>Languages known</b>					
	<b>Name of Language</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known	1 Marathi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	2 Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	3 English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	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

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

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>			
Qualification	Discipline	Specialization 1	
M.Sc	physics	Material Science	
Year	Division	CGPA/ % Marks	Specialization 2
2000	First	60.0	
Institution	University	Place	Country
	Swamy Ramanand Thirth	Nanded	India

<b>Experience</b>					
Type of Posting			Level		
Designation			Present Position		
Scientist			Scientist 'B'		
Ministry			Department		
Ministry of Water Resources, River Development and Ganga Rejuvenation					
Office			Place		
Central Water and Power Research Station			Pune		
Experience Subject			Period of Posting		
Major		Minor		From	To
Physical and Mathematical modeling of coastal processes				Augst 2002	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	
2006				Water Resources and Hydrology	
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
	IIT Roorke				
Sponsoring Authority		Period of Training		Duration	Result
		From	To	( in Weeks)	✓
CWRPS, Pune		2006	2007	One year	Not Qualified
<b>Awards/Publications</b>					
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.	