ER Sheet Data Entry Form																		
Name	e of	Org	aniz	zatio	on : CEN	ITRAL	- W	ATE	R A	ND PO	WER	RI	ESE/	ARC	H ST	TATIO	N,	PUNE
Empl	oye	e No	). : E	<del>-</del> 065	1													
Service CCS			<b>Designation</b> CRFT:			SM	SMAN-B Sub Cadre			<b>.</b>								
Joini	ng D	ate	: 12	2.04.	1984										ı			
Name	e De	tails	5															
Title	)			: Naı		N	1ida	dle N	lan	ne	Su	rNa	me					
SHR	I	ľ	НΑΝ	END	RA		N.	IVRU	ITI			CH	IAVA	.N		Initial	S	
Iden	tity	Card	d No	<b>).</b> : 1	720/15										•			
Sex	ex Male Date Of Bir					f Birth	1	01.0	06.	1962	Date	ate of Retireme			ment 31.05.2022			5.2022
Community MAH				МАНА	R		Religion							HINDU				
Fathe	Father's Name LATE SHRI NIVRUTI MANAJI CHAVAN																	
Birth																		
Birth	Plac	e		PL	INE	Bi	Birth State MAH			MAHA	RASHTRA Na		Na	,		NDIAN		
Birt	:h Dis	stric	t		PUN	≣			Mother Tongue					MARATHI				
Do	micil	е		MAH	IARASH1	RA	Physically Handicap Sta				Stat	tus			NIL			
Bloo	d Gro	oup			0 +	ve			Identification Marks					MOLE ON BACK LEFT SIDE				
Marit	al D	etai	ils															
	rital				M	arried			Spouse Name MR					IRS. KAMAL CHAVAN				
	ouse			lity	IND	AN												
Joini															1			
Source of Recruitment   CWPRS   Joining   Date					ate	12.04.1984 Retirement Date			ent	31	.05	.2022						
Depa	rtme	ntal	Exa	mina	ation De	tails (1	If ap	oplica	able	e)								
Level				evel				Year					Rank					
1																-		
2																		
3																		

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages 1 Known	MARATHI	YES	YES	YES
2	HINDI	YES	YES	YES
3				
4				
5				
Foreign Languages	ENGLISH	NO	NO	NO
Known 1	LNGLISH	NO	140	110
2				
3				
	Details of deputation	i (if applicabl	e)	

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

SI. 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)

Period of posting							
Since	From						

Qua	lification	1 (Use ex	ktra photo	сору	sheets	for multi	quali	ifications, exp	erience	, tra	ining,	awards details)	
	Qualification				Discipline				Specialization 1				
	VIII <sup>th</sup> S	TD.				GENE	RAL					VERAL	
	Year			Divis				% Marks		Specialization 2			
	1976 TH				RD			43					
Institution				Un	nivers	sity		Place	9		Country		
YASHWANT VIDYALAY						KHADAKWASLA, INDIA PUNE-24					INDIA		
Experie	nce												
	Type of		g					<u>l</u>	_evel				
		UP-C											
		nation						Preser					
	CRAFTS								TSMA		1		
		istry							artme				
M	INISTRY				(	CENTRA	L W	ATER & PC	WER	RES	SEAR	CH STATION	
		JRCES,											
RIVER DEVELOPMENT AND GANGA													
REJUVENATION													
Office					Place								
	ENGINE			NC	KHADAKWASLA, PUNE-411 024								
	Experienc		ect		Period of Posting								
	Majo	r			Minor From To					То			
(minimu	ım 1 wee	nexure <b>k &amp; ab</b> c	to fill ab <b>ve)</b>	ove M	1ajor,	Minor S	ubje	cts and belo	w give	en tr	aining	g subject	
Training													
Training	g Year		Train	ing N	Name	me Training Subject					oject		
										-			
Le	evel	Instit	ute Nar	ne, P	Place	Field	Visit	t Country	Field	Vis	it Pla	ce (within India)	
=				-									
Sponso	ring Auth	ority	Pe	eriod	of Tr	aining		Dura	tion	tion Result			
From				om		То		( in W	eeks)			Qualified	
							-			Not Qualified			
Awards/Publications													
Type of Activity:						Academic				Non Academic			
	Activity	y Area				Activi	ty S	Subject			Ac	tivity Title	
								-					
Day	Day Month			⁄ear		Desc		ctivity ion/Remar	ks	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 : KHADAKWASLA, PUNE

Information checked and verified – by

Signature of Officer

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