

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E1048						
Service	CCS	Designation	MTS	Sub Cadre	1258/11	
Joining Date :15-09-1993						
Name Details						
Title	First Name	Middle Name	SurName			
MR.	RAMDAS	SHIVRAM	GAIKWAD	Initials		
Identity Card No. :						
Sex	Male	Date Of Birth	06.11.1962	Date of Retirement	30-11-2022	
Community			Religion	HINDU		
Father's Name	SHIVRAM BAPU GAIKWAD					
Birth Details						
Birth Place	PUNE	Birth State/ UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue		MARATHI		
Domicile	MAHARASHTRA	Physically Handicap Status		NO		
Blood Group	A+VE		Identification Marks		BLACK MOLE ON RIGHT HAND	
Marital Details						
Marital Status	Married		Spouse Name		YASH GAIKWAD	
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	EMPLOYMENT EXCHANGE	Joining Date	10.06.1992	Retirement Date	30-11-2022	
Departmental Examination Details (If applicable)						
	Level		Year		Rank	
1	NO					
2						
3						

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 MARATHI	✓	✓	✓
	2 HINDI	✓	✓	✓
	3 ENGLISH	✓	✓	
	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

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
IX PASS		MARATHI			
Year	Division		CGPA/ % Marks	Specialization 2	
Institution		University		Place	Country
				PUNE	INDIA
Experience					
Type of Posting			Level		
MTS					
Designation			Present Position		
MTS			BILL SECTION		
Ministry			Department		
WATER RESOURCES			C.W.P.R.S.		
Office			Place		
C.W.P.R.S.			KHADAKWASLA		
Experience Subject			Period of Posting		
Major		Minor		From	To
BILLS					
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)</i>					
Training NO					
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 NO					
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 : 24-06-2015

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.	