	ER Sheet Data Entry Form																	
Name o	f Orga	niza	ation	: CEN	TRAI	L W	ATEI	R A	ND	POWE	R	RESE	ARG	CH S	STATI	ON	, PUNE	
Employ	ee No.	:E0	595															
Service	e CC	S	Desig	gnatio	n							Sub Cadre						
Joining	Date:	•					00/0	12 /·	100	2								
Name D	etails						08/0	J3/ .	190	3								
Title			Name	9	N	4idc	lle N	lam	1e			Name						
Smt	Anura									Gh	osl	h			Initia	als	Α	
Identity Card No. :1543/13																		
Sex F	emale			D	ate C	of Bi	rth	23	3/4/	1963		Date o Retirer		t		30	/4/2023	3
Commu			Brahn					R	Relig	jion		Hin	du					
Father's Name Anant Vaman Kulkarni																		
Birth D					1													
Birth Pl			Pune	9	Bi	rth S	State T			harash			Na	tion	ality	Ind	dian	
Birth I	District	F	Pune					Мо	the	r Tong	ue		Ма	arathi				
Domicile Maharash			htra		Physically Handicap Status Ni					I								
Blood G	Group		E	3 Nega	tive		Identification Marks						Mole	e on	Nose			
Marital	Detail	s												1				
Marit	al Statı	JS		Ма	rried			Spouse Name					9	Subhamoy Ghosh				
	se Natio		ty		I	ndia	ın											
Joining									1						1			
Source					VPRS			Date					ent	nt 30/4/2023				
Departmental Examination Details (If applicable)																		
1			Lev					Year					Rank					
1			N	Vil				Nil N					Nil					
3																		
Remark	s (if ar	ıy)								NII								
Languages known																		
Name of Language						Read		Wı	rite	Speak								
Indian L Known	anguag	ges :	1		Hinc	li			Yes		Yes			Yes				
KIIOWII		2	2	ſ	Marat	thi				Yes Y		es		Υ	es			
		3	3		Bang	la				Yes					Yes			
		4	1															

5				
		1		
Foreign Languages Known 1	English	Yes	Yes	Yes
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 o	of deputation
Nil	Nil	Nil	Since	From
			Nil	Nil

## 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
1	Thiland	22/12/2001to 25/12/2001	Sr Technician	Personal	Sight seeing and tourism
2.	Laos	25/12/2001 to 8/1/2002			
3.	Combodia	8/1/2002 to 15/01/2002			
4.	Thiland	15/01/2002 to24/01/2002			
5.	Malaysia	21.01.2008 to 22.02.2008			

## Transfer/Posting Detail (if applicable)

Place	Period of posting					
	Since	From				
Nil	Nil	Nil				

Qua	lification	1 (Use e	xtra phot	осору	sheets	s for multi	qualif	ications, ex	perienc	e, tra	ining,	awards details)	
Qualification					Discipline					Specialization 1			
Diploma In Electronics &					Electronics					Applied Electronics			
Radio Er	ngineering	9											
	Year			Divi	sion						Specialization 2		
1982				Fi	rst			60%	(	Communication network			
	Institution				niver			Plac	e	Country			
С	W I T Pur	ne		Te	ch Bo	oard		Pun	е			India	
				Ма	haras	htra							
Experie	nce												
	Type of	Postin	ıg						Level				
Gr	oup 'B' no	on gaz	etted										
	Desigr	nation						Prese	nt Pos	sitio	n		
	Assistant	Engin	eer					Assista	nt En	gine	er		
	Mini	stry							partme	ent			
<u> </u>	4 O W R I	RD&	G R						CFI				
Office				Place									
CWPRS				Khadakwasla									
Experience Subject				Period of Posting									
Major					Mino	r		F	Fror	n	To		
	ulic Instru				Data Acquisition 8/3/							Till date	
				ove I	Major,	Major, Minor Subjects and below given training subject							
	ım 1 wee	k & ab	ove)										
Training													
Training	g Year		Trai		Name Training Subject					ject			
Ni	ı			Nil							Nil		
	evel	Insti	tute Na	me.	Place	Field	Visit	Country	Field	l Vi	sit Pla	ice (within India)	
Sponsor	ring Autho	ority			l of T	raining		Duration				Result	
			F	rom		To		(in W	/eeks)	ks)		Qualified	
						-			-		-	Not Qualified	
Awards	/Publica												
Type of Activity:								cademic			Non Academic		
Activity Area					Activity Subject					Activity Title			
	Ni				Nil					Nil			
Day	Mor	nth		Year				tivity	Level				
						Description/Remarks							
Nil	Nil Nil Nil					Nil				Nil			

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: 22/06/2015 Place: C W P R S Pune 411024

Information checked and verified – by

Signature of Officer

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