

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E1415</b>						
<b>Service</b>	CCS	<b>Designation</b>	RESEARCH ASSISTANT (ENGG.)	<b>Sub Cadre</b>	RESEARCH	
<b>Joining Date : 08.08.2013</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>			
KUM	MADHAVI		GAJRE	Initials		
<b>Identity Card No. :1566/13</b>						
<b>Sex</b>	Female	<b>Date Of Birth</b>	26.11.1989	<b>Date of Retirement</b>	30.11.2049	
<b>Community</b>	SC		<b>Religion</b>	HINDU		
<b>Father's Name</b>	SHRI MADHAV RAO GAJRE					
<b>Birth Details</b>						
<b>Birth Place</b>	BHILAI	<b>Birth State/ UT</b>	MADHYA PRADESH	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	DURG		<b>Mother Tongue</b>	HINDI		
<b>Domicile</b>	MAHARASHTRA	<b>Physically Handicap Status</b>		NIL		
<b>Blood Group</b>	O +ve		<b>Identification Marks</b>	MOLE ON LEFT SIDE OF NECK		
<b>Marital Details</b>						
<b>Marital Status</b>	Unmarried		<b>Spouse Name</b>	----		
<b>Spouse Nationality</b>	----					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CEE-CWPRS	<b>Joining Date</b>	08.08.2013	<b>Retirement Date</b>	30.11.2049	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>		<b>Year</b>		<b>Rank</b>	
1	-----		----		----	
2						
3						

Remarks (if any)	APPEARING FOR UPSC EXAMS			
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1 HINDI	YES	YES	YES
	2 MARATHI	YES	YES	YES
	3			
	4			
	5			
<b>Foreign Languages Known</b>				
	1 ENGLISH	YES	YES	YES
	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
BE (CIVIL)		CIVIL ENGINEERING		
Year	Division	CGPA/ % Marks	Specialization 2	
2011	FIRST	66.67		
Institution		University	Place	Country
BABASAHEB NAIK COLLAGE OF ENGINEERING, PUSAD		AMRAVATI	AT/POST-PUSAD DIST-YAVATMAL	INDIA
<b>Experience</b>				
Type of Posting		Level		
CENTRAL GOVERNMENT		GROUP-B NON GAZETTED		
Designation		Present Position		
RESEARCH ASSITANT		RESEARCH ASSITANT		
Ministry		Department		
MINISTRY OF WATER RESOURCES, RIVER DEVELOPMENT AND GANGA REJUVENATION		CENTRAL WATER & POWER RESEARCH STATION		
<b>Office</b>		<b>Place</b>		
BRIDGE ENGINEERING DIVISION		KHADAKWASLA, PUNE-411 024		
Experience Subject		Period of Posting		
Major		Minor		To
1. HYDRAULIC MODEL STUDIES OF DESILTING CHAMBERS AND SILT FLUSHING TUNNELS				22.08.2013 05.09.2014
2. HYDRAULIC MODEL STUDIES, MORPHOLOGICAL STUDIES AND MATHEMATICAL MODEL STUDIES RELATED TO RIVER ENGINEERING VIZ. BRIDGES, BARRAGES, INTAKES, BANK PROTECTION WORKS ETC.				TILL DATE
<i>Note: -Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; 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

<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 : 02.07.2015

Place : KHADAKWASLA, PUNE

Information checked and verified – by

Signature of Officer

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