

ER Sheet Data Entry Form					
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>					
<b>Employee No. :E0943</b>					
<b>Service</b>	CCS	<b>Designation</b>	Craftsman B	<b>Sub Cadre</b>	---
<b>Joining Date : 05.09.1990</b>					
<b>Name Details</b>					
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>	
	PRADIP	SHRIRAM	GAWANDE		P.S.GAWANDE
<b>Identity Card No. : 490/06</b>					
<b>Sex</b>	Male	<b>Date Of Birth</b>	12.08.1966	<b>Date of Retirement</b>	31.08.2026
<b>Community</b>	Hindu	<b>Religion</b>	Hindu -Maratha		
<b>Father's Name</b>	Shriram Keshavrao Gawande				
<b>Birth Details</b>					
<b>Birth Place</b>	Akola	<b>Birth State/ UT</b>	Maharashtra	<b>Nationality</b>	Indian
<b>Birth District</b>	Akola	<b>Mother Tongue</b>	Marathi		
<b>Domicile</b>	Maharashtra	<b>Physically Handicap Status</b>	No		
<b>Blood Group</b>	B <sup>+</sup>	<b>Identification Marks</b>	Mole on LEFT CHICK		
<b>Marital Details</b>					
<b>Marital Status</b>	Married	<b>Spouse Name</b>	Alka Pradip Gawande		
<b>Spouse Nationality</b>	INDIAN				
<b>Joining Details</b>					
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	05.09.1990	<b>Retirement Date</b>	31.08.2026
<b>Departmental Examination Details (If applicable)- No</b>					
	<b>Level</b>	<b>Year</b>	<b>Rank</b>		
1	No	No	No		

<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	Yes	Yes	Yes	
	2 Hindi	Yes	Yes	Yes	
	3 English	Yes	Yes	Yes	
Foreign Languages Known	1 No	No	No	No	
	2				

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
Nil	Nil	Nil	Nil	Nil

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
	Nil	Nil	Nil	Nil	Nil

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
Nil	Nil	Nil

<b>Qualification</b> (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline	Specialization 1	
12 <sup>th</sup> +ITI+NCTVT	ELECTRICIAN	Part time D.E. (Electrical)	
Year	Division	CGPA/ % Marks	Specialization 2
1986, 1991	I Class	71 %	---
Institution	University	Place	Country
GOVT. ITI Akola, Govt. Polytechnic Pune	Technical Board	Akola, Pune	India
<b>Experience</b>			
Type of Posting	Level		
Group C			
Designation	Present Position		
Pump Driver	Craftsman B		
Ministry	Department		
Ministry of Water Resources, River Development and Ganga Rejuvenation	Pump House Division , Central Water and Power Research Station, Pune-24		
Office	Place		
Pump House Division	Pune-411024		
Experience Subject	Period of Posting		
Major	Minor	From	To
Operations and Maintenance of Pumping System		1990	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	
Nil		Nil		Nil	
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority		Period of Training		Duration	Result
		From	To	( in Weeks)	Qualified
Nil		----	---	----	----
<b>Awards/Publications Nil</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.	