

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :E1418</b>						
<b>Service</b>	CCS	<b>Designation</b>	CRAFTSMAN 'C'	<b>Sub Cadre</b>		
<b>Joining Date :14/10/13</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>		<b>Initials</b>	
Mr.	DNYANESHWAR	VITTHAL	JAWALKAR			
<b>Identity Card No :1585/13</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	21/07/1987	<b>Date of Retirement</b>	31/07/2047	
<b>Community</b>	MARATHA	<b>Religion</b>	HINDU			
<b>Father's Name</b>	VITTHAL BALU JAWALKAR					
<b>Birth Details</b>						
<b>Birth Place</b>	KHANAPUR	<b>Birth State/ UT</b>	MAHARASTRA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	PUNE	<b>Mother Tongue</b>	MARATHA			
<b>Domicile</b>	MAHARASTRA	<b>Physically Handicap Status</b>	----			
<b>Blood Group</b>	A+ Ve	<b>Identification Marks</b>				
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	Mrs.NIRMAL			
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	14/10/2013	<b>Retirement Date</b>	31/07/2047	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1	-----	----	----			
2						
3						

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<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	NO
	4			
	5			
<b>Foreign Languages Known</b>				
	1			
	2			
	3			
<b>Address Details</b>				
Permanent Address	KHANAPUR HAVELI(Tq) PUNE		City	PUNE
	State/UT	MAHARASTRA	Pin code	411025
Present Contact Address	AS ABOVE		City	PUNE
	State/UT	MAHARASTRA	Pin Code	411025
	Phone (Off)	020 24103453	Fax	020 24381004
	Phone (Res)		Mob No	9766282199
	E-Mail (Mandatory)	dnyaneshwar@gmail.com		

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
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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	
ITI		CARPENTRY			
Year	Division		CGPA/ % Marks	Specialization 2	
Institution		University	Place	Country	
<b>Experience</b>					
Type of Posting			Level		
			Group 'c'		
Designation			Present Position		
Craftsman 'C'			Craftsman 'C'		
Ministry			Department		
MOWR & RD GR			CWPRS		
Office			Place		
CWPRS			Pune		
Experience Subject			Period of Posting		
Major		Minor		From	To
Carpentry work				14.10.13	Till date
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; above)</i>					
<b>Training</b>					
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 :

Place :

Information checked and verified – by

Signature of Officer

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