

ER Sheet Data Entry Form					
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>					
<b>Employee No. :E0729</b>					
<b>Service</b>	CCS	<b>Designation</b>	MTS	<b>Sub Cadre</b>	
<b>Joining Date :10/02/1987</b>					
<b>Name Details</b>					
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>	
MR.	BHIMRAO	MHALURAM	JADHAV	BMJ	
<b>Identity Card No. 1155/11</b>					
<b>Sex</b>	MALE	<b>Date Of Birth</b>	06.11.1969	<b>Date of Retirement</b>	30/11/2029
<b>Community</b>	SC	<b>Religion</b>	NAVBOUDH		
<b>Father's Name</b>	MHALURAM MARUTI JADHAV				
<b>Birth Details</b>					
<b>Birth Place</b>	PUNE	<b>Birth State/ UT</b>	MAHARASHTRA	<b>Nationality</b>	INDIAN
<b>Birth District</b>	PUNE	<b>Mother Tongue</b>	MARATHI		
<b>Domicile</b>	MAHARASHTRA	<b>Physically Handicap Status</b>	NO.		
<b>Blood Group</b>	o+ve		<b>Identification Marks</b>	MOLE ON CHEST	
<b>Marital Details</b>					
<b>Marital Status</b>	Married		<b>Spouse Name</b>	SUMAN	
<b>Spouse Nationality</b>	Indian				
<b>Joining Details</b>					
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	10.02.1987	<b>Retirement Date</b>	30.11.2029
<b>Departmental Examination Details (If applicable) :</b>					
	<b>Level</b>	<b>Year</b>	<b>Rank</b>		
<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	√	√	√	
2	HINDI	√	√	√	
Foreign Languages Known	English	√	√	X	

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				

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				

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NIL		

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>			
Qualification	Discipline	Specialization 1	
9 <sup>th</sup> STD passed			
Year	Division	Specialization 2	
1988	Second Class		
Institution	University	Place	Country
Poona Night Highschool		Shukruvar peth, Pune-411002	India

<b>Experience</b>			
Type of Posting	Level		
Permanent	Group 'D (Non-Gz)		
Designation	Present Position		
Helper	MTS (Group 'C' ;Non-Gz)		
Ministry	Department		
MoWR, RD & GR	CWPRS		
Office	Place		
CWPRS	Pune		
Experience Subject	Period of Posting		
Major	Minor	From	To
Coastal Engineering	Wave Flume Studies	10.02.1987	Till Date

Note: -Refer the Annexure to fill above Major, Minor Subjects and below given training subject  
**(minimum 1 week & above)**

<b>Training</b>			
Training Year	Training Name	Training Subject	
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
			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.	