| | ER Sheet Data Entry Form | | | | | | | | | | | | | | | | | | |
|-------------------------|--------------------------|--------|-------|---------|--------|----------------------|--|-------------|--------------------|-------|-------------------|--------------|-------------------|--------------|-----|----------|----|--------|--|
| Name | e of | Orga | niza | ation : | CEN | NTRA | L W | ATE | R AN | ID PO | WE | R RE | SE | ARC | H S | TAT | ON | , PUNE | |
| Empl | oye | e No. | : E: | 1051 | | | | | | | | | | | | | | | |
| Serv | Service CCS Designation | | | | on | MTS | | | | | Sub Cadre | | | NO SUB CADRE | | | | | |
| Joini | ng D | ate : | 16- | -09-19 | 993 | L | | | | | I | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | |
| Title | | | | Name | | | | | lame | | | urNaı | | | | | | | |
| SHRI | | VASA | ANT | | | | PAN | IDUR | ANG | | J | JADHA | ٩V | | | Initials | | | |
| Iden | tity (| Card | No. | : | | 131 | 0/11 | • | | | | | | | | | | | |
| Sex | Sex Male | | | | Date | Of Bi | irth | | 15-05- Date of Ret | | | Reti | irem | ent | 31 | -05-202 | 24 | | |
| Community BOUDDH (S | | | | | SC) | | | Re | Religion HINDU | | | | | | | | | | |
| Fath | er's I | Nam | е | PAND | JRAN | NG JA | DHA | V | | - | | | | | | | | | |
| Birth | Det | ails | | | | | | | | | | | | | | | | | |
| Birth | Plac | e | | PUNE | | В | | State IT | e/ MAHARASHTRA | | | Nat | ationality INDIAN | | | | | | |
| | | strict | | PUNE | | | Mother Tong | | | | | | | RATH | ΗI | | | | |
| Do | micil | е | MA | HARAS | SHTR | Α | Physically Handicap Status | | | | NA | 1 | | | | | | | |
| Blood Group "0"- | | | "0"+ | Ve | | Identification Marks | | | | | MOLE ON RIGHT LEG | | | | | | | | |
| Marit | tal D | etail | s | | | | | | | | | | | · | | | | | |
| Ма | Marital Status Ma | | | | arried | ed Spouse Name | | | | | | ANITA JADHAV | | | | | | | |
| Sp | ouse | Natio | onali | ty | | | | • | | | IN | DIAN | | • | | | | | |
| Joini | | | | | | | | | | | | | | | | | | | |
| Source of Recruitment C | | | | WPRS | S | | oining 16-09- Retireme Date 1993 Date | | | | ent 31-05-2024 | | | | | | | | |
| Depa | rtme | ntal E | xam | ninatio | n De | tails (| (If ap | oplic | able) | _ | | _ | | | | | | | |
| Level | | | | | | | | | | Yea | ar | | | | | Ran | k | | |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | NON | NE — | _ | _ | | | | | |
| 3 | | | | | | | | | 1 | | | | | | | | | | |

| Remarks (if any) | | | | |
|-----------------------------|------------------|--------|-------|-------|
| Languages known | | | | |
| | Name of Language | Read | Write | Speak |
| Indian Languages 1 Known | ENGLISH | YES | YES | YES |
| 2 | HINDI | YES | YES | YES |
| 3 | MARATHI | YES | YES | YES |
| | | | | |
| Foreign Languages | | | | |
| Known 1 | | | | |
| 2 | | NONE — | | |
| 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 |
| | NONE — | | | |

Details of Foreign Visit

| SI. No. | Place of Visit | Date of visit | Post held at that time | Whether it is a | Details of visit |
|------------|----------------|--------------------------|------------------------|-----------------|------------------|
| 1101 | | VIOIC | chac chine | personal or | |
| | | | | official visit | |
| | | NONE — | | | |
| | | INDINE — | | | |

Transfer/Posting Detail (if applicable)

| Place | Period of posting | | | | | |
|----------------------|-------------------|-----------|--|--|--|--|
| | Since | From | | | | |
| | | | | | | |
| | | | | | | |
| CENTRAL WATER AND | 16-09-1993 | TILL DATE | | | | |
| POWER RESEARCH | | | | | | |
| STATION, PUNE-411024 | | | | | | |

| Qua | lification | 1 (Use e | xtra photo | осору | sheets | for multi | qualif | ications, exp | erien | ce, tra | ining, | awards details) | |
|--|--------------------------------|----------|------------|--------|-------------------|----------------------|--------|---------------|-------|---------------------------------|------------------|--------------------|--|
| | Qualifica | | | | | Discipline | | | | | Specialization 1 | | |
| | SSC | | | | | - | | | | | | | |
| | Year | | | Divis | sion | | CGP | PA/ % Mar | rks | | Spec | ialization 2 | |
| | | | | | DNC | | | | | • | | | |
| | Institutio | n | | Ur | nivers | versity Place | | | | | Country | | |
| NETAJI SUBHASH CHANDRA BOSE VIDYALAY | | | | | PUNE | | | PUNI | E | | | INDIA | |
| Experie | nce | | | | | | | | | | | | |
| | Type of | | ıg | | | | | | Level | | | | |
| | REGI | ULAR | | | | | GI | ROUP C , | | | | D | |
| | | nation | | | | | | Prese | | sitio | n | | |
| | | TS | | | | | | | MTS | | | | |
| | | istry | | | | | | | artm | | | | |
| | MOWR, | | R | | CWPRS | | | | | | | | |
| | | fice | | | Place PUNE | | | | | | | | |
| | <u>CS&</u> Experienc | WCS | iost | | Period of Posting | | | | | | | | |
| <u> </u> | <u>-xperienc</u> Majo | | ject | | | Mino | r | Periou | UIP | Fror | | То | |
| | 111aju - | <u> </u> | | | - 15-0 | | | | | | | TILL DATE | |
| | fer the An I m 1 wee | | | ove M | lajor, | Minor S | ubjec | ts and belo | | | | | |
| Training | | | - | | | | | | | | | | |
| Training | g Year | | Trair | ning I | Name | | | | Tra | ainin | g Sub | oject | |
| NI | | | | NIL | | NIL | | | | | | | |
| | evel | Insti | tute Nar | | | Field | | Country | Fiel | | | ice (within India) | |
| | IIL | <u> </u> | | NIL | | <u> </u> | NI | | | NI | L | | |
| Sponsor | ring Auth | ority | | | of Tr | aining | | Dura | | , | | Result | |
| | | N.T. | | om | | To | | (in W | | 5) | | Qualified | |
| Awarda | /Dublica | NIL | | IIL | | NIL | _ | N: | IL. | | | Not Qualified | |
| Awards/Publications Type of Activity: NIL | | | | | | | ^ | cadomic | | NIL | | Non Acadomic | |
| Activity Area | | | | | | | | | INIL | NIL Non Academic Activity Title | | | |
| NIL | | | | | | Activity Subject NIL | | | | | NIL | | |
| Day | Moi | | , | Year | | | | tivity | | | Level | | |
| - / | | • | | ' | | Desc | | on/Remar | ks | | | | |
| NIL | N] | [L | | NIL | | | | NIL | | | | NIL | |
| Noto: (i | Concor | nad C | CC Office | or ic | rocn | onciblo | for | the corre | ctno | cc of | info | rmation cont | |

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 | | nistry/ partment | | |
|--------------------|----|---------------------|-------------------|--|
| E-mail id | Ro | om NO. | Building Name: | |
| Phone NO. | Wi | ng No. | | |