

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E0512						
Service	CCS	Designation		Sub Cadre		
Joining Date :01.01.1982						
Name Details:						
Title	First Name	Middle Name	SurName		Initials	
Mr	RADHAKANT	AMBAJI	KAMBLE			
Identity Card No.: 1081/11						
Sex	Male	Date Of Birth	7/6/1960	Date of Retirement	30/06/2020	
Community	BUDDHA	Religion				
Father's Name	AMBHAJI MARUTI KAMBLE					
Birth Details						
Birth Place	PUNE	Birth State/ UT	MAHARASTRA	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue	MARATHI			
Domicile	MAHARASTRA	Physically Handicap Status	-----NO-----			
Blood Group	B+Ve	Identification Marks	BLACK MOLE ON LEFTHAND			
Marital Details						
Marital Status	Married	Spouse Name	SUNITA			
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	1/1/1982	Retirement Date	30/06/2020	
Departmental Examination Details (If applicable)						
	Level	Year	Rank			
1	-----NO-----					
2						
3						

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 MARATHI	YES	YES	YES
	2 HINDI	YES	YES	YES
	3 ENGLISH	YES	YES	NO
	4			
	5			
Foreign Languages Known				
	1			
	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
	---NO---			

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
	--NO--				

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
---NO---		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
9 Th pass					
Year	Division		CGPA/ % Marks	Specialization 2	
Institution		University		Place	Country
Experience					
Type of Posting			Level		
Designation			Present Position		
Ministry			Department		
Office			Place		
Experience Subject			Period of Posting		
Major		Minor		From	To
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & 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
Awards/Publications					
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.			