

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E1422						
Service	-	Designation	PHARMACIST	Sub Cadre	---	
Joining Date :01/01/2014						
Name Details						
Title	First Name	Middle Name	SurName	Initials		
MR.	SACHIN	RAGHUNATH	KUTE			
Identity Card No. :						
1630/14						
Sex	Male	Date Of Birth	22/11/1985	Date of Retirement	30/11/1945	
Community	OBC		Religion	HINDU		
Father's Name	RAGHUNATH MANOHAR KUTE.					
Birth Details						
Birth Place	AKURDI PUNE	Birth State/UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue		MARATHI		
Domicile	MAHARASHTRA	Physically Handicap Status			NO	
Blood Group	B +VE		Identification Marks	MOLE ON CHEST		
Marital Details						
Marital Status	Married		Spouse Name	SHRADHA SACHIN KUTE		
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	1/1/2014	Retirement Date	30/11/1945	
Departmental Examination Details (If applicable)						
	Level	Year		Rank		
1	-	-		-		
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				
4				
5				
Foreign Languages Known 1	ENGLISH	YES	YES	YES
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
-	-	-	-	-
-	-	-	-	-

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
-	-	-	-	-	-

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
-	-	-
-	-	-

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline	Specialization 1	
DIPLOMA IN PARMACY	PHARMACY	-	
Year	Division	CGPA/ % Marks	Specialization 2
2005	1 ST CLASS	81.9%	-
Institution	University	Place	Country
INSTITUTE OF PHARMACY	MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION	PUNE	INDIA
Experience			
Type of Posting		Level	
CURRENT			
Designation		Present Position	
PHARMACIST		PHARMACIST	
Ministry		Department	
MINISTRY OF WATER RESOURCES, RIVER DEVELOPMENT & GANGA REJUVENATION		HEALTH UNIT ,CWPRS KHADAKWASALA PUNE	
Office		Place	
CWPRS KHADAKWASALA PUNE		PUNE	
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	
2015	COMPUTER BASICS & IT	MS OFFICE, EMAIL, BASICS OF OS	
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
-	-	-	-
Sponsoring Authority	Period of Training		Duration
	From	To	(in Weeks)
CWPRS PUNE	22/4/2015	24/4/2015	ONE
			Result
			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 : 2/7/2015 Place :PUNE

Information checked and verified – by

Signature of Officer

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