

| ER Sheet Data Entry Form | | | | | | |
|--|----------------------|-----------------------------|-----------------------------------|---------------------------|--------------------|--------|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. :970 | | | | | | |
| Service | CCS | Designation | MTS | | Sub Cadre | |
| Joining Date : 10.10.1991 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | SurName | | Initials | |
| Mr. | Ashok | Govind | Kadam | | | |
| Identity Card No. :1334 | | | | | | |
| Sex | Male | Date Of Birth | 10.04.1966 | Date of Retirement | 31.04.2026 | |
| Community | General | | Religion | Hindu | | |
| Father's Name | Govind Krishna kadam | | | | | |
| Birth Details | | | | | | |
| Birth Place | Khadakwasla | Birth State/ UT | Maharashtra | | Nationality | Indian |
| Birth District | Pune | | Mother Tongue | | Marathi | |
| Domicile | Pune | | Physically Handicap Status | | Not applicable | |
| Blood Group | O+ | Identification Marks | A black Mole over left cheek | | | |
| Marital Details | | | | | | |
| Marital Status | Married | Spouse Name | Laxmi Ashok Kadam | | | |
| Spouse Nationality | Indian | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | CWPRS | Joining Date | 10.10.1991 | Retirement Date | 31.04.2026 | |
| 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 | Fluent | Fluent | Fluent |
| | 2 Hindi | Fluent | Fluent | Fluent |
| | 3 | | | |
| | 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 |
| Not applicable | | | | |

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 |
|----------------|----------------|---------------|------------------------|--|------------------|
| Not applicable | | | | | |

Transfer/Posting Detail (if applicable)

| Place | Period of posting | |
|----------------|-------------------|------|
| | Since | From |
| Not applicable | | |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | | |
|---|-----------------------|---------------------|----------------------------------|------------------|-------|
| Qualification | | Discipline | | Specialization 1 | |
| VIIIth std.pass | | | | | |
| Year | Division | CGPA/ % Marks | Specialization 2 | | |
| 1984 | | 50% | | | |
| Institution | | University | Place | Country | |
| Gorakumbhar H.S.Pashan, Pune. | | | | | |
| Experience | | | | | |
| Type of Posting | | | Level | | |
| Regular | | | | | |
| Designation | | | Present Position | | |
| MTS | | | MTS | | |
| Ministry | | | Department | | |
| MoWR,RD&GR | | | SED | | |
| Office | | | Place | | |
| CWPRS | | | Khadakwasla | | |
| 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. | | | |