

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E1064						
Service	CCS	Designation	Asst.Halwai/Cook	Sub Cadre		
Joining Date : 16/02/1994						
Name Details						
Title	First Name	Middle Name	SurName			
MR.	MADHAV	PREMANATH	KAMBLE	Initials		
Identity Card No. : 499/06						
Sex	Female	Date Of Birth	24.5.69	Date of Retirement	31.5.2029	
Community		Religion		HINDU		
Father's Name		PREMNATH MARIBA KAMBLE				
Birth Details						
Birth Place	Eikoji Mudgad	Birth State/ UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	Lathur	Mother Tongue		MARATHI		
Domicile	MAHARASTRA	Physically Handicap Status				
Blood Group	AB+	Identification Marks				
Marital Details						
Marital Status	Married		Spouse Name	Vaishali		
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	16.2.94	Retirement Date	31.5.2029	
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	√	√	√	
	2	HINDI	√	√	√	
	3	ENGLISH	√	√	√	
Foreign Languages Known	1					
	2					

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

Transfer/Posting Detail (if applicable)

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

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification	Discipline		Specialization 1	
S.S.C.				
Year	Division	CGPA/ % Marks	Specialization 2	
1883				
Institution	University	Place	Country	
		Nilanga	India	
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.	