

## ER Sheet Data Entry Form

**Name of Organization** : CENTRAL WATER AND POWER RESEARCH STATION, PUNE

**Employee No.** : E1425

**Service** | CCS | **Cadre** | Group A, Gazetted | **Designation** | Scientist B

**Joining Date** : 24 June 2014

### Name Details

Title	First Name	Middle Name	Surname	Initials	
Mr.	PARAG	ARUN	KASHYAPE		Kashyape

**Identity Card No.** : 1667/14

<b>Sex</b>	Male	<b>Date Of Birth</b>	11/04/1985	<b>Date of Retirement</b>	30/04/2045
------------	------	----------------------	------------	---------------------------	------------

<b>Community</b>	General	<b>Religion</b>	Hindu
------------------	---------	-----------------	-------

**Father's Name** | Arun Shankar Kashyape

### Birth Details

<b>Birth Place</b>	Chopda	<b>Birth State/ UT</b>	Maharashtra	<b>Nationality</b>	Indian
--------------------	--------	------------------------	-------------	--------------------	--------

<b>Birth District</b>	Jalgaon	<b>Mother Tongue</b>	Marathi
-----------------------	---------	----------------------	---------

<b>Domicile</b>	Maharashtra	<b>Physically Handicap Status</b>	No
-----------------	-------------	-----------------------------------	----

<b>Blood Group</b>	B +ve	<b>Identification Marks</b>	Mole on left leg
--------------------	-------	-----------------------------	------------------

### Marital Details

<b>Marital Status</b>	Married	<b>Spouse Name</b>	Purva Parag Kashyape
-----------------------	---------	--------------------	----------------------

<b>Spouse Nationality</b>	Indian
---------------------------	--------

### Joining Details

<b>Source of Recruitment</b>	UPSC	<b>Joining Date</b>	24/06/2014	<b>Retirement Date</b>	30/04/2045
------------------------------	------	---------------------	------------	------------------------	------------

Departmental Examination Details (If applicable)

	Level	Year	Rank
1			
2			
3			

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1 Hindi	√	√	√
	2 English	√	√	√
	3 Marathi	√	√	√
	4			
	5			
<b>Foreign Languages Known</b>				
	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

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

<b>Qualification</b> (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Master of Technology (M. Tech)		Civil Engineering		<b>Water Resources: Utilization and Environmental Management</b>	
Year	Division		CGPA/ % Marks	Specialization 2	
2008	Dist.		8.33		
Institution		University		Place	Country
Indian Institute of Technology Guwahati, (IIT Guwahati)		Indian Institute of Technology Guwahati		Guwahati	India
<b>Experience</b>					
<b>Type of Posting</b>			<b>Level</b>		
Regular			Group A, Gazetted		
<b>Designation</b>			<b>Present Position</b>		
Scientist B			Scientist B		
<b>Ministry</b>			<b>Department</b>		
Water Resources, River Development & Ganga Rejuvenation			Central Water & Power Research Station, Pune		
<b>Office</b>			<b>Place</b>		
Central Water & Power Research Station, Pune			Pune		
Experience Subject			Period of Posting		
<b>Major</b>		<b>Minor</b>		<b>From</b>	<b>To</b>
Water Resources & Environmental Management				24 June 2014	Till date
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; above)</i>					
<b>Training</b>					
Training Year	Training Name			Training Subject	
2014	Induction Training			Induction Training	
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
Induction	CWPRS, Pune		-	-	
Sponsoring Authority	Period of Training		Duration	Result	
	From	To	( in Weeks)	√	Qualified
	22 September 2014	26 September 2014	One week		Not Qualified
<b>Awards/Publications:</b>					
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.			