

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :E 0430</b>						
<b>Service</b>	CCS	<b>Designation</b>	GARDEN SUB OBSERVER	<b>Sub Cadre</b>		
<b>Joining Date :</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>			
	SURESH	LUXMAN	KHANDVE	Initials		
<b>Identity Card No. :</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	02/06/19 57	<b>Date of Retirement</b>	31/06/2017	
<b>Community</b>	OPEN	<b>Religion</b>	HINDU MARATHA			
<b>Father's Name</b>	LAXMAN NATHU KHANDVE					
<b>Birth Details</b>						
<b>Birth Place</b>	PUNE	<b>Birth State/ UT</b>	MARASHTRA	<b>Nationality</b>	INDIN	
<b>Birth District</b>	PUNE	<b>Mother Tongue</b>	MARATHI			
<b>Domicile</b>	MARASHTRA	<b>Physically Handicap Status</b>				
<b>Blood Group</b>	O+VE	<b>Identification Marks</b>				
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	SHSHIKALA			
<b>Spouse Nationality</b>	INDIN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	10/07/ 1980	<b>Retirement Date</b>	31/06/2017	
<b>Departmental Examination Details (If applicable)</b>						
<b>Level</b>			<b>Year</b>		<b>Rank</b>	
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	MARATHI	YES	YES	YES
2				
3				
4				
5				
Foreign Language 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

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 (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
10th					
Year	Division	CGPA/ % Marks	Specialization 2		
1976	2nd	50%			
Institution		University	Place	Country	
SHREE SANT TUKARAM SCHOOL		PUNE	PUNE	INDIA	
<b>Experience</b>					
Type of Posting		GRUP C			
Designation		GARDEN SUB OBSERVER			
Ministry		CWPRS			
Office		KHADAKWASLA,PUNE 24			
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 &amp; above)</i>					
<b>Training</b>					
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	
<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.			