

ER Sheet Data Entry Form					
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>					
<b>Employee No. :E185</b>					
<b>Service</b>	CCS	<b>Designation</b>	Research Assistant	<b>Sub Cadre</b>	Scientific
<b>Joining Date : 05.03.2012</b>					
<b>Name Details</b>					
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>	
	Vaibhav	Pandit	Konde		
<b>Identity Card No. 1403/12</b>					
<b>Sex</b>	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	<b>Date Of Birth</b>	24.06.1989	<b>Date of Retirement</b>	30.06.2049
<b>Community</b>	Maratha	<b>Religion</b>	Hindu		
<b>Father's Name</b>	Pandit Dhondiba Konde				
<b>Birth Details</b>					
<b>Birth Place</b>	Sanghvi	<b>Birth State/ UT</b>	Maharashtra	<b>Nationality</b>	Indian
<b>Birth District</b>	Pune	<b>Mother Tongue</b>	Marathi		
<b>Domicile</b>	Karnataka	<b>Physically Handicap Status</b>			
<b>Blood Group</b>	AB <sup>+</sup>	<b>Identification Marks</b>	Mole on right side on chin		
<b>Marital Details</b>					
<b>Marital Status</b>	<input type="checkbox"/> Married / <input checked="" type="checkbox"/> Unmarried	<b>Spouse Name</b>			
<b>Spouse Nationality</b>					
<b>Joining Details</b>					
<b>Source of Recruitment</b>	UPSC / <input checked="" type="checkbox"/> CWPRS	<b>Joining Date</b>	05.03.2012	<b>Retirement Date</b>	30.06.2049
<b>Departmental Examination Details (If applicable)</b>					
	<b>Level</b>	<b>Year</b>	<b>Rank</b>		
1					
2					
3					

<b>Remarks (if any)</b>				
<b>Languages known</b>				
	<b>Name of Language</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1 Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2 English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3 Marathi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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

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	
M.Sc.,	Computer Science	Computer Science	
Year	Division	CGPA/ % Marks	Specialization 2
2011	First	64.26	
Institution	University	Place	Country
Indiraj College of Commerce and Science	Pune	Pune	India

<b>Experience</b>				
Type of Posting		Level		
Designation		Present Position		
Research Assostamt		Research Assostamt (Scientific)		
Ministry		Department		
MOWR, RD and GR		Central Water and Power Research station.		
Office		Place		
Central Water and Power Research station		Pune		
Experience Subject		Period of Posting		
Major	Minor	From	To	
Physicall and Mathematical modeling for Coastal Engineering problems	--	March'2012	Till date	
<i>Note: -Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; 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
<b>Awards/Publications</b>				
Type of Activity:		Academic	<input checked="" type="checkbox"/>	Non Academic
Activity Area		Activity Subject		Activity Title
Applied Research		Coastal Engineering		Physical and Mathematical modelling
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.	