

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :</b>						
<b>Service</b>	CCS	<b>Designation</b>		<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>		<b>Initials</b>	
Mr	SHAHAJI	RAMBHAU	LAD		SRL	
<b>Identity Card No. :</b>						
<b>Sex</b>	Male / Female - M	<b>Date Of Birth</b>	06/01/1964	<b>Date of Retirement</b>	31/01/2024	
<b>Community</b>	OBC	<b>Religion</b>	HINDU			
<b>Father's Name</b>	RAMBHAU GOVIND LAD					
<b>Birth Details</b>						
<b>Birth Place</b>	PUNE	<b>Birth State/ UT</b>	MAHARASHTRA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	PUNE	<b>Mother Tongue</b>	MARATHI			
<b>Domicile</b>	MAHARASHTRA	<b>Physically Handicap Status</b>	N.A			
<b>Blood Group</b>	O+	<b>Identification Marks</b>	Mole on right cheek			
<b>Marital Details</b>						
<b>Marital Status</b>	Married/Unmarried - Married	<b>Spouse Name</b>	Prema S Lad			
<b>Spouse Nationality</b>	Indian					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	UPSC/CWPRS	<b>Joining Date</b>	30/08/1988	<b>Retirement Date</b>	31/10/2024	
<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	FLUENT	FLUENT	FLUENT
2	HINDI	FLUENT	FLUENT	FLUENT
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	
IX					
Year	Division		CGPA/ % Marks	Specialization 2	
Institution		University		Place	Country
				Pune	India
<b>Experience</b>					
Type of Posting			Level		
Designation			Present Position		
MTS			Regular MTS		
Ministry			Department		
MOWR, RD & GR			CWPRS		
Office			Place		
CWPRS			Pune		
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.	