

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E1198						
Service	-	Designation	QUALIFIED NURSE	Sub Cadre	---	
Joining Date :13/3/2001						
Name Details						
Title	First Name	Middle Name	Surname	Initials		
SMT.	MAMATA	SUDHAKAR	MAKASARE			
Identity Card No. :						
Sex	Female	Date Of Birth	19/11/1968	Date of Retirement	19/11/2028	
Community	CHRISTIAN	Religion	CHRISTIAN			
Father's Name	PREMACHAND P MAKASARE					
Birth Details						
Birth Place	PUNE	Birth State/ UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue	MARATHI			
Domicile	MAHARASHTRA	Physically Handicap Status	NO			
Blood Group	A+VE	Identification Marks	MARK ON RIGHT WRIST			
Marital Details						
Marital Status	married	Spouse Name	SUDHAKAR			
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	13/3/2001	Retirement Date	19/11/2028	
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	MARATHI	YES	YES	YES
2	HINDI	YES	YES	YES
3	ENGLISH	YES	YES	YES
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
-	-	-
-	-	-

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
				-	
Year	Division		CGPA/ % Marks	Specialization 2	
1990	2 nd CLASS		-	-	
Institution		University	Place	Country	
N.M.WADIA HOSPITAL		BOMBAY NURSING COUNCIL	PUNE	INDIA	
Experience					
Type of Posting			Level		
CURRENT					
Designation			Present Position		
QUALIFIED NURSE			QUALIFIED NURSE		
Ministry			Department		
MINISTRY OF WATER RESOURCES, RIVER DEVELOPMENT & GANGA REJUVENATION			HEALTH UNIT ,CWPRS KHADAKWASALA PUNE		
Office			Place		
CWPRS KHADAKWASALA PUNE			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 & 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
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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 : 2/7/2015 Place :PUNE

Information checked and verified – by

Signature of Officer

Section Officer		Ministry/ Department	
E-mail id		Room NO.	Building Name:
Phone NO.		Wing No.	