

| ER Sheet Data Entry Form | | | | | | |
|--|-------------------|-----------------------------------|--------------------|---------------------------|------------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. :E 0432 | | | | | | |
| Service | CCS | Designation | MTS | Sub Cadre | Group-C | |
| Joining Date :10.07.1980 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | SurName | | | |
| Mr | Bhiva | Namdev | Manjare | Initials | | |
| Identity Card No. :1363/12 | | | | | | |
| Sex | Male | Date Of Birth | 01.06.1960 | Date of Retirement | 31.05.2020 | |
| Community | Maratha | Religion | Hindu (Maratha) | | | |
| Father's Name | Namdev Manjare | | | | | |
| 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 | Mole on Left cheek | | | |
| Marital Details | | | | | | |
| Marital Status | Married | Spouse Name | Mangal Manjare | | | |
| Spouse Nationality | Indian | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | CWPRS | Joining Date | 10.07.1980 | Retirement Date | 31/05/2020 | |
| Departmental Examination Details (If applicable)Nil | | | | | | |
| Level | | Year | | Rank | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

| | | | | | |
|-------------------------|---|-------------------------|-------------|--------------|--------------|
| Remarks (if any) | | | | | |
| Languages known | | | | | |
| | | Name of Language | Read | Write | Speak |
| Indian Languages Known | 1 | Marathi | y | y | y |
| | 2 | Hindi | y | y | y |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| Foreign Languages Known | | | | | |
| | 1 | | | | |
| | 2 | | | | |

| | | | | |
|---|--|--|--|--|
| | | | | |
| 3 | | | | |

Details of deputation (if applicable)NA

| 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-NA

| 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)NA

| Place | Period of posting | |
|-------|-------------------|------|
| | Since | From |
| | | |
| | | |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
|---|-----------------------|---------------------|----------------------------------|------------------|
| Qualification | | Discipline | | Specialization 1 |
| 9th | | school | | --- |
| Year | Division | CGPA/ % Marks | Specialization 2 | |
| 1978 | IIInd class | -- | -- | |
| Institution | | University | Place | Country |
| Mahatma Gandhi Vidyalaya | | --- | Rajguru Nagar | India |
| Experience | | | | |
| Type of Posting | | Level | | |
| Central Civil Services | | Group-C | | |
| Designation | | Present Position | | |
| Helper-III | | M.T.S. | | |
| Ministry | | Department | | |
| Water Resources, River Development and Ganga Rejuvenation | | CWPRS | | |
| Office | | Place | | |
| CWPRS | | PUNE | | |
| Experience Subject | | Period of Posting | | |
| Major | Minor | From | To | |
| Water Resources Flood control Irrigation | modeling | 10/07/1980 | Till date | |
| <i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)</i> | | | | |
| Training-NA | | | | |
| 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 |
| Awards/Publications-NA | | | | |
| 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. | |