

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E0797						
Service	CCS	Designation	M.T.S	Sub Cadre		
Joining Date :11/07/1988						
Name Details						
Title	First Name	Middle Name	SurName	Initials	R.D.M	
	RAJENDRE	DGARAMAJI	MATE			
Identity Card No. :						
Sex	Male	Date Of Birth	31/05/1963	Date of Retirement	31/05/2023	
Community	OPEN	Religion	HINDU MARATHA			
Father's Name	DGARAMAJI					
Birth Details						
Birth Place	PUNE	Birth State/ UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue	MARATHI			
Domicile	MAHARASHTRA	Physically Handicap Status				
Blood Group	A+VE	Identification Marks				
Marital Details						
Marital Status	Married	Spouse Name	RATAN			
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	11/07/1988	Retirement Date	31/05/2023	
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	1 MARATHI	YES	YES	YES
	2			
	3			
	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	
9th					
Year	Division		CGPA/ % Marks	Specialization 2	
Institution		University		Place	Country
y.v.k .school		pune		khadakwasla	india
Experience					
Type of Posting			Grup c		
Designation			M.T.S		
Ministry			WATER RESOURCES & G.R		
Office			KHADAKWASLA,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
					Not Qualified
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 :

Place :

Information checked and verified – by

Signature of Officer

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