

ER Sheet Data Entry Form					
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>					
<b>Employee No. :E0971</b>					
<b>Service</b>	CCS	<b>Designation</b>	MTS	<b>Sub Cadre</b>	
<b>Joining Date :10/10/1991</b>					
<b>Name Details</b>					
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>	
MRS.	SUBHADRA	LAXMAN	MATE	SLM	
<b>Identity Card No. 1369/12</b>					
<b>Sex</b>	FEMALE	<b>Date Of Birth</b>	09/10/1959	<b>Date of Retirement</b>	31/10/2019
<b>Community</b>	MARATHA	<b>Religion</b>	Hindu		
<b>Father's Name</b>	TUKARAM DHONDIBA DHAVADE				
<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>	NO.		
<b>Blood Group</b>	B+ve	<b>Identification Marks</b>	MOLE UNDER RIGHT EYE		
<b>Marital Details</b>					
<b>Marital Status</b>	Married	<b>Spouse Name</b>	LAXMAN		
<b>Spouse Nationality</b>	Indian				
<b>Joining Details</b>					
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	10.10.1991	<b>Retirement Date</b>	31.10.2019
<b>Departmental Examination Details (If applicable) :</b>					
	<b>Level</b>	<b>Year</b>	<b>Rank</b>		
<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	MARATHI	√	√		
2	HINDI	√	√	√	
Foreign Languages Known	English				

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	
NIL			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
	NIL				

## Transfer/Posting Detail (if applicable)

Place		Period of posting			
		Since		From	
NIL					
<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
6 <sup>th</sup> STD passed					
Year	Division		CGPA/ % Marks	Specialization 2	
Institution		University		Place	Country
					India
<b>Experience</b>					
Type of Posting			Level		
Permanent			Group 'D (Non-Gz)		
Designation			Present Position		
Helper			MTS (Group 'C' ;Non-Gz)		
Ministry			Department		
MoWR, RD & GR			CWPRS		
Office			Place		
CWPRS			Pune		
Experience Subject			Period of Posting		
Major		Minor		From	To
Coastal Engineering		Wave Flume Studies		24.12.1997	Till Date
Note: -Refer the Annexure to fill above Major, Minor Subjects and below given training subject <b>(minimum 1 week &amp; above)</b>					
Training					
Training Year		Training Name		Training Subject	
Nil					
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.	