

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E-1413						
Service	CCS	Designation	Security Officer	Sub Cadre		
Joining Date : 19/04/2013						
Name Details						
Title	First Name	Middle Name	SurName	Init-ials	More AS	
Mr	ADHIK	SAKHARAM	MORE			
Identity Card No. : 1533/13						
Sex	Male / Female - Male	Date Of Birth	18/08/1974	Date of Retirement	31/08/2034	
Community	Maratha	Religion	Hindu			
Father's Name	Late Sakharam Krishna More					
Birth Details						
Birth Place	Rahimatpur	Birth State/ UT	Maharashtra	Nationality	Indian	
Birth District	Satara	Mother Tongue	Marathi			
Domicile	Satara(Maharashtra)	Physically Handicap Status	No.			
Blood Group	O+ve	Identification Marks	Black Mole 13cms Left elbow ulna front of forearm.			
Marital Details						
Marital Status	Married/Unmarried	Spouse Name	Jayashri Adhik More			
Spouse Nationality	Indian					
Joining Details						
Source of Recruitment	UPSC/CWPRS	Joining Date	19/04/2013	Retirement Date	31/08/2034	
Direct	CWPRS					
Departmental Examination Details (If applicable) - Not 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 Hindi	Yes	Yes	Yes
	3 English	Yes	Yes	Yes
	4			
	5			
Foreign Languages Known				
	1 Nil.			
	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	
	Not applicable		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	

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
10 th / Graduate (Army)		-		-	
Year	Division		CGPA/ % Marks	Specialization 2	
1991/ 2012	1 st / -		63% / -	- / -	
Institution		University		Place	Country
Experience					
Type of Posting			Level		
Designation			Present Position		
Ministry			Department		
Office			Place		
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 Performa.

(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.			