

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :</b>						
<b>Service</b>	CCS	<b>Designation</b>	M.T.S	<b>Sub Cadre</b>		
<b>Joining Date :-31/03/2016</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>			
SMT.	NIRMALA	PRAFULL	DAWANDE	Initials		
<b>Identity Card No. :</b>						
<b>Sex</b>	Female	<b>Date Of Birth</b>	21/06/1979	<b>Date of Retirement</b>	30/06/2039	
<b>Community</b>		<b>Religion</b>		HINDU		
<b>Father's Name</b>	RAMRAO LAHANUJI DESHMUKH					
<b>Birth Details</b>						
<b>Birth Place</b>	AMARAVATI(GA VANKUND)	<b>Birth State/ UT</b>	MAHARASHTRA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	AMRAVATI	<b>Mother Tongue</b>		MARATHI		
<b>Domicile</b>	MAHARASHTRA	<b>Physically Handicap Status</b>		NO		
<b>Blood Group</b>	B+	<b>Identification Marks</b>		BLAKE MOLE NEAR LEFT EYE		
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>		LATE PRAFULL T. DAWANDE		
<b>Spouse Nationality</b>	INDIAL					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	COMPASSION-ATE GROUND	<b>Joining Date</b>	31/03/2016	<b>Retirement Date</b>	30/06/2039	
<b>Departmental Examination Details (If applicable)</b>						
		<b>Level</b>	<b>Year</b>	<b>Rank</b>		
1		-	-	-		
2		-	-	-		
3		-	-	-		

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	MARATHI	YES	YES	YES
2	HINDI	YES	YES	YES
3	ENGLISH	YES	YES	YES
4	NA	NA	NA	NA
5	NA	NA	NA	NA
Foreign Languages Known				
1	NA	NA	NA	NA
2	NA	NA	NA	NA
3	NA	NA	NA	NA

Name of the Office	Post held at that time in parent office	Name of post (selected for deputation)	Period of deputation	
			Since	From
NA	NA	NA	NA	NA

Details of deputation (if applicable)

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	NIL	NIL	NIL	NIL

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NIL	NIL	NIL

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
M.A.		ARTS		MARATHI	
Year	Division	CGPA/ % Marks	Specialization 2		
2014	1st	65%			
Institution		University	Place	Country	
EXTERNAL		PUNE UNIVERSITY	PUNE	INDIA	
<b>Experience</b>					
Type of Posting			Level		
Designation			Present Position		
MTS			CWPRS,PUNE		
Ministry			Department		
MOWR,RD&GR			CWPRS		
Office			Place		
CWPRS			PUNE		
Experience Subject			Period of Posting		
Major		Minor	From	To	
NA		NA	NA	NA	
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; above)</i>					
<b>Training</b>					
Training Year	Training Name		Training Subject		
NA	NA		NA		
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.			