

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E0667</b>						
<b>Service</b>	CCS	<b>Designation</b>	Laboratory Assistant Gr. II	<b>Sub Cadre</b>		
<b>Joining Date : 20.05.1983</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>			
Mr.	Namdeo	Govind	Ovhal	Initials		
<b>Identity Card No. :</b> 1644/14						
<b>Sex</b>	Male / Female	<b>Date Of Birth</b>	01.01.1962	<b>Date of Retirement</b>	31.12.2021	
<b>Community</b>	Hindu	<b>Religion</b>	Mahar			
<b>Father's Name</b>	Shri Govind Rama Ovhal					
<b>Birth Details</b>						
<b>Birth Place</b>	Ambadvet, Tal. Mulshi	<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>	Not applicable			
<b>Blood Group</b>	B +ve	<b>Identification Marks</b>	Mole on right thigh			
<b>Marital Details</b>						
<b>Marital Status</b>	Married/ <del>Unmarried</del>	<b>Spouse Name</b>	Sau. Suhasini N. Ovhal			
<b>Spouse Nationality</b>	Indian					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	UPSC/CWPRS through Employment Exchange	<b>Joining Date</b>	20.05.1983	<b>Retirement Date</b>	31.12.2021	
Departmental Examination Details (If applicable) -						
<b>Level</b>			<b>Year</b>	<b>Rank</b>		
1	L. A. Examination		12.07.1984			
2						
3						

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1 Marathi	Yes	Yes	Yes
	2 Hindi	Yes	Yes	Yes
	3 English	Yes	Yes	No
	4			
	5			
Foreign Languages Known				
	1 N.A.			
	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
Not 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
Not applicable					

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
Not applicable		

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
S.S.C., I.T.I.		Turner course			
Year	Division		CGPA/ % Marks	Specialization 2	
1979					
1981					
Institution		University		Place	Country
New English School, Ghotawade Aundh I.T.I.		Maharashtra SSC Board Govt. I.T.I.		Ghotawade Tal. Mulshi Pune	India
<b>Experience : Separate sheet enclosed</b>					
Type of Posting			Level		
Permanent			Group "C"		
Designation			Present Position		
L.A. Gr. II			Colony Maintenance		
Ministry			Department		
MoWR, RD & GR			CWPRS		
Office			Place		
CWPRS			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 &amp; above)</i>					
Training : Not applicable					
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
<b>Awards/Publications : Not applicable</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 : 07.07.2015

Place : Pune

Information checked and verified – by

Signature of Officer

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