

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :E1332</b>						
<b>Service</b>	CCS	<b>Designation</b>	MEDICAL OFFICER	<b>Sub Cadre</b>	CNTRAL HEALTH SERVICES	
<b>Joining Date :6/6/2008</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	Initials		
MR.	SACHIN	LAXMAN	PARHAD			
<b>Identity Card No. :</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	5/9/1980	<b>Date of Retirement</b>	30/9/2040	
<b>Community</b>	OBC	<b>Religion</b>	HINDU			
<b>Father's Name</b>	LAXMAN RUSTHUM PARHAD.					
<b>Birth Details</b>						
<b>Birth Place</b>	DIGRAS	<b>Birth State/ UT</b>	MAHARASHTRA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	BULDHANA	<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>	INJURY SCAR MARK ABOVE LEFT EYEBROW			
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	PRITI			
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	UPSC	<b>Joining Date</b>	6/6/2008	<b>Retirement Date</b>	30/9/2040	
<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	1 MARATHI	YES	YES	YES
	2 HINDI	YES	YES	YES
	3 ENGLISH	YES	YES	YES
	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
-	-	-
-	-	-

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
MBBS		MEDICINE		-	
Year	Division	CGPA/ % Marks	Specialization 2		
2003	1 <sup>ST</sup> CLASS	61%	-		
Institution		University	Place	Country	
SHREE V.N.G.M.C.		MUSH NASHIK	YAVATMAL	INDIA	
<b>Experience</b>					
Type of Posting			Level		
CURRENT					
Designation			Present Position		
MEDICAL OFFICER			MEDICAL OFFICER		
Ministry			Department		
MiNISTRY OF WATER RESOURCES,RIVER DEVELOPMENT & GANGA REJUVENATION			HEALTH UNIT ,CWPRS KHADAKWASALA PUNE		
Office			Place		
CWPRS KHADAKWASALA PUNE			PUNE		
Experience Subject			Period of Posting		
Major		Minor		From	To
Jr. Resident at safadarjung Hosp ,New Delhi		-		18/5/2004	17/05/2005
<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		
-	-		-		
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 : 2/7/2015 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.	