

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E1012						
Service	CCS	Designation	Lab.Asstt. Gr. II	Sub Cadre		
Joining Date : 15.06.1992						
Name Details						
Title	First Name	Middle Name	SurName			
MR.	RAJENDRA	UDHAVARAO	PAYGUDE	Initials		
Identity Card No. : 1512/13						
Sex	Male	Date Of Birth	30.09.1965	Date of Retirement	30. 09.2025	
Community		Religion		Hindu		
Father's Name	UDHAVARAO KHASHABA PAYGUDE					
Birth Details						
Birth Place	Andgaon	Birth State/ UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue		MARATHI		
Domicile	MAHARASTRA	Physically Handicap Status				
Blood Group	B+	Identification Marks		Mole on face		
Marital Details						
Marital Status	Married		Spouse Name	Kirti		
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	15.6.92	Retirement Date	30.09.2025	
Departmental Examination Details (If applicable)						
Level		Year		Rank		
1						
2						
3						

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 MARATHI	√	√	√
	2 HINDI	√	√	√
	3 ENGLISH	√	√	√
	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
-----Nil-----				

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

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
B.COM.					
Year	Division		CGPA/ % Marks	Specialization 2	
1987	Commerce				
Institution		University	Place	Country	
		Pune	Pune	India	
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 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.			