

ER Sheet Data Entry Form

Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE

Employee No. : E1010

Service	CCS	Designation	MTS	Sub Cadre	Group `C'
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Joining Date : 10.06.1992

Name Details

Title	First Name	Middle Name	SurName	Initials
Mr.	Tukaram	Krishna	Pardhi	

Identity Card No. : 1239/11

Sex	Male	Date Of Birth	01.06.1967	Date of Retirement	30.05.2027
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Community	S.T.	Religion	Hindu
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Father's Name Krishna Ganpat Pardhi

Birth Details

Birth Place	Pune	Birth State/ UT	Maharashtra	Nationality	Indian
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Birth District	Pune	Mother Tongue	Marathi
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Domicile	Pune	Physically Handicap Status	Not applicable
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Blood Group	O+	Identification Marks	A black mole on chest left side.
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Marital Details

Marital Status	Married	Spouse Name	Suman Tukaram Pardhi
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	CWPRS	Joining Date	10.06.1992	Retirement Date	30.05.2027
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Departmental Examination Details (If applicable)

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language known				
		Read	Write	Speak
Indian Languages Known	1	Marathi	Fluent	Fluent
	2	Hindi	Fluent	Fluent
	3			
	4			
	5			
Foreign Languages				
	1			
	2			

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		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

Qualification	Discipline	Specialization 1
10 th Fail		
Year	Division	CGPA/ % Marks
Institution	University	Place
		Country
		India

Experience			
Type of Posting	Level		
Regular			
Designation	Present Position		
MTS	MTS		
Ministry	Department		
MoWR,RD&GR	SED		
Office	Place		
CWPRS	Khadakwasla, Pune-24		

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.			