

ER Sheet Data Entry Form					
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>					
<b>Employee No. : E0982</b>					
<b>Service</b>	CCS	<b>Designation</b>	LAB.ASST-II	<b>Sub Cadre</b>	NO SUB CADRE
<b>Joining Date : 06-03-1992</b>					
<b>Name Details</b>					
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>		
SHRI	SHASHIKANT	BABAN	PAWAR	Initials	
<b>Identity Card No. : 1538/13</b>					
<b>Sex</b>	Male	<b>Date Of Birth</b>	09-04-1967	<b>Date of Retirement</b>	30-04-2027
<b>Community</b>	GENERAL	<b>Religion</b>	HINDU		
<b>Father's Name</b>	BABAN PAWAR				
<b>Birth Details</b>					
<b>Birth Place</b>	KHADAKWASLA	<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>	NA		
<b>Blood Group</b>	O++	<b>Identification Marks</b>	MOLE ON RIGHT WRIST		
<b>Marital Details</b>					
<b>Marital Status</b>	Married	<b>Spouse Name</b>	SUSHMA PAWAR		
<b>Spouse Nationality</b>	INDIAN				
<b>Joining Details</b>					
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	06-03-1992	<b>Retirement Date</b>	30-04-2027
<b>Departmental Examination Details (If applicable)</b>					
	<b>Level</b>	<b>Year</b>	<b>Rank</b>		
1					
2		NONE			
3					

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1 ENGLISH	YES	YES	YES
	2 HINDI	YES	YES	YES
	3 MARATHI	YES	YES	YES
Foreign Languages Known				
	1			
	2	NONE		
	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
	NONE			

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
		NONE			

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
CENTRAL WATER AND POWER RESEARCH STATION, PUNE-24	06-03-1992	TILL DATE

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
M.COM		COMMERCE			
Year	Division		CGPA/ % Marks	Specialization 2	
1991	SECOND CLASS		50.00		
Institution		University		Place	Country
SYMBOISIS		PUNE		PUNE	INDIA
<b>Experience</b>					
Type of Posting			Level		
REGULAR			GROUP C , NON GAZETTED		
Designation			Present Position		
L.A-II			L.A-II		
Ministry			Department		
MOWR,RD&GR			CWPRS		
Office			Place		
CS&WCS			PUNE		
Experience Subject			Period of Posting		
Major		Minor		From	To
-		-		15-06-1992	TILL DATE
<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	
NIL		NIL		NIL	
Level		Institute Name, Place		Field Visit Country	
NIL		NIL		NIL	
Sponsoring Authority		Period of Training		Duration	
		From		( in Weeks)	
NIL		NIL		NIL	
		To		Result	
		NIL		Qualified	
		NIL		Not Qualified	
<b>Awards/Publications</b>					
Type of Activity: NIL			Academic		Non Academic
Activity Area			Activity Subject		Activity Title
NIL			NIL		NIL
Day	Month	Year	Activity Description/Remarks		Level
NIL	NIL	NIL	NIL		NIL

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.	