

Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E1243						
Service	CCS	Designation	MTS	Sub Cadre		
Joining Date :02.09.1996						
Name Details						
Title	First Name	Middle Name	Surname	Initials	BGR	
MR	BHOJU	GOPINATH	RATHOD			
Sex	Male	Date Of Birth	08.04.1975	Date of Retirement	31.04.2035	
Community	VJNT	Religion	HINDHU LAMAN			
Father's Name	GOPINATH TUKARAM RATHOD					
Birth Details						
Birth Place	PUNE	Birth State/ UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue	MARATHI			
Domicile	MARASHTRA	Physically Handicap Status				
Blood Group	AB+VE	Identification Marks	SCAR BELOW LEFT SIDE EYE			
Marital Details						
Marital Status	Married	Spouse Name	SUNITA			
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	02.09.1996	Retirement Date	31.04.2035	
Departmental Examination Details (If applicable)						
	Level	Year	Rank			
1						
2						
3						

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Lang Known	MARTHI	√	√	√
2	HINDI	√	√	√
3				
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

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
8 TH .PASS		ALL			
Year	Division		CGPA/ % Marks	Specialization 2	
1990	PUNE				
Institution		University	Place	Country	
		PUNE	PUNE	INDIA	
Experience					
Type of Posting		MTS			
Designation		MTS			
Ministry		WATER RESOURCES & G.R			
Office		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 & 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 : 09/07/2015

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.	