

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E0531						
Service	CCS	Designation	M.T.S.	Sub Cadre		
Joining Date : 06/05/1982						
Name Details						
Title	First Name	Middle Name	Sur Name			
MR.	TUKARAM	YANKAPPA	RATHOD	Initials	TYR	
Identity Card No. 1326/11						
Sex	MA LE	Date Of Birth	20/02/1963	Date of Retirement	28/02/2023	
Community	HINDU-LAMAN BANJARA		Religion	HINDU		
Father's Name		YANKAPPA BHIMA RATHOD				
Birth Details						
Birth Place	Birth State/ UT MAHARASHTRA		PUNE	Nationality	INDIAN	
Birth District	PUNE		Mother Tongue	LAMANI		
Domicile	MAHARASHTRA		Physically Handicap Status	YES		
Blood Group	B+ve		Identification Marks	MOLE ON LEFT HAND		
Marital Details						
Marital Status	Married		Spouse Name	SHANTA		
Spouse Nationality	Indian					
Joining Details						
Source of Recruitment EMPLOYMENT EXCHANGE	CWPRS	Joining Date	06/05/1982	Retirement Date	28/02/2023	
Departmental Examination Details (If applicable)						
Level		Year		Rank		
Remarks (if any)						
Languages known						
		Name of Language	Read	Write	Speak	
Indian Languages Known 1		MARATHI	√	√	√	
2		HINDI	√	√	√	
3						
Foreign Languages Known		English				
Name of the Office	Post held at that time in parent office	Name of post selected for deputation		Period of deputation		
Nil				Since	From	
Details of Foreign Visit						
Sl. No.						
Transfer/Posting Detail (if applicable) Nil						
Place		Period of posting				
		Since		From		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification				Specialization 1
7 th pass				
Year	Division	CGPA/ % Marks	Specialization 2	
Institution	University	Place	Country	
		Pune	India	
			India	
Experience				
Type of Posting		Level		
PERMANENT		GROUP c (NON GAZEETED)		
Designation		Present Position		
		GROUP c (NON GAZEETED)		
Ministry		Department		
MOWR,RD & GR		Sub-Ordinate office of MOWR,RD & GR		
Office		Place		
CW&PRS		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	
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 : 19.06.2015

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.	