

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : 827</b>						
<b>Service</b>	CCS	<b>Designation</b>	MTS	<b>Sub Cadre</b>	Group `C`	
<b>Joining Date : 12.09.1988</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>		<b>Initials</b>	
Mr.	Anil	Baban			Raut	
<b>Identity Card No. : 1491/13</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	02.11.1968	<b>Date of Retirement</b>	31.11.2028	
<b>Community</b>	O.B.C.		<b>Religion</b>	Hindu		
<b>Father's Name</b>	Baban Laxman Raut					
<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>	Pune	<b>Physically Handicap Status</b>		Not applicable		
<b>Blood Group</b>	O+	<b>Identification Marks</b>	A Mole on the left wrist			
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	Suman Baban Raut			
<b>Spouse Nationality</b>	Indian					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	12.09.1988	<b>Retirement Date</b>	31.11.2028	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>		<b>Rank</b>		
1						
2						
3						

<b>Remarks (if any)</b>	
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Language known				
		<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1	Marathi	Fluent	Fluent
	2	Hindi	Limited	Limited
	3			
	4			
	5			
Foreign Languages	1	English	Limited	
	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		

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
Year		Division	CGPA/ % Marks	Specialization 2	
Institution		University	Place	Country	
<b>Experience</b>					
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 &amp; above)</i>					
<b>Training</b>					
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
<b>Awards/Publications</b>					
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.	