

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E01146						
Service	CCS	Designation	MTS		Sub Cadre	C
Joining Date : 28.12.1997						
Name Details						
Title	First Name	Middle Name	Sur Name			
Shri	Pravin	Nana	Rokade	Initials	PNR	
Identity Card No. : 20/2002						
Sex	Male	Date Of Birth	08.03.1976	Date of Retirement	31.03.2036	
Community	Maratha		Religion	Hindu		
Father's Name	Nana Gopala Rokade					
Birth Details						
Birth Place	Nanded	Birth State/ UT	Maharashtra		Nationality	Indian
Birth District	Pune		Mother Tongue	Marathi		
Domicile	Maharashtra		Physically Handicap Status	Polio affected to left leg		
Blood Group	O+		Identification Marks	Scar mark on left forehead corner		
Marital Details						
Marital Status	Married		Spouse Name	Mrs. Rupali Pravin Rokade		
Spouse Nationality	Indian					
Joining Details						
Source of Recruitment	Compensation Ground	Joining Date	28.12.1997	Retirement Date	1.03.2036	
Departmental Examination Details (If applicable)						
	Level	Year		Rank		
1	NA					
2						
3						

Remarks (if any)	NA			
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 Marathi	Good	Good	Good
	2 Hindi	Good	Good	Good
	3			
	4			
	5			
Foreign Languages Known				
	1 English	Good	-	-
	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
NA				

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
	NA				

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NA		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Ninth passed		NA		NA	
Year	Division		CGPA/ % Marks	Specialization 2	
1993	Pass		55	NA	
Institution		University		Place	Country
Nav Bharat High School, Shivane Gaon		Maharashtra State Board		Pune	India
Experience					
Type of Posting			Level		
Compassionate Basis			Group-D		
Designation			Present Position		
HG-III			MTS		
Ministry			Department		
WR,RD & GR			CWPRS		
Office			Place		
CWPRS			Khadakwasla,Pune		
Experience Subject			Period of Posting		
Major		Minor		From	To
Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)					
Training					
Training Year	Training Name			Training Subject	
NA					
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
NIL					
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 : 25.06.2015

Place : Khadakwasla, Pune

Information checked and verified – by

Signature of Officer

Section Officer		Ministry/ Department	
E-mail id		Room NO.	Building Name:
Phone NO.		Wing No.	