

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E1164						
Service	CCS	Designation	Scientist	Sub Cadre	Scientist 'D'	
Joining Date : 21.09.1998						
Name Details						
Title	First Name	Middle Name	SurName		Initials	N
	Ramesh					N
Identity Card No. 1586/13						
Sex	<input checked="" type="checkbox"/> Male / Female	Date Of Birth	01.06.1964	Date of Retirement	31.05.2024	
Community	Kasai	Religion	Hindu			
Father's Name	U. Narasingrao					
Birth Details						
Birth Place	Koppal	Birth State/ UT	Karnataka	Nationality	Indian	
Birth District	Koppal	Mother Tongue	Hindi			
Domicile	Karnataka	Physically Handicap Status				
Blood Group	B ⁺		Identification Marks	Mole on lower left cheek		
Marital Details						
Marital Status	<input checked="" type="checkbox"/> Married/Unmarried		Spouse Name	Mrs Shreya Ramesh		
Spouse Nationality	Indian					
Joining Details						
Source of Recruitment	<input checked="" type="checkbox"/> UPSC/CWPRS	Joining Date	21.09.1998	Retirement Date	31.05.2024	
Departmental Examination Details (If applicable)						
	Level	Year	Rank			
1						
2						
3						

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2 Kannada	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3 English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4 Telugu	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	5 Marathi			<input checked="" type="checkbox"/>

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	
M.Tech	Civil Engineering	Hydraulics & Water Resources Engineering	
Year	Division	CGPA/ % Marks	Specialization 2
1991	First with Distinction	74.15	Groundwater Engg.
Institution	University	Place	Country
NITK, Surathkal (formerly known as KREC, Surathkal)	Mangalore	Surathkal, Mangalore	India

Experience			
Type of Posting		Level	
Designation		Present Position	
Scientist		Scientist 'D'	
Ministry		Department	
MOWR, RD and GR		Central Water and Power Research station.	
Office		Place	
Central Water and Power Research station.		Pune	
Experience Subject		Period of Posting	
Major	Minor	From	To
Physical and Mathematical modeling to addressing various Coastal Engineering problems such as Port planning, management etc.,.	--	Sept.'1998	Till date
<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	
2001	2 days Workshop on Application of ANN in Civil Engineering at IIT Bomabay	Application of ANN in Civil Engineering	
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
	IIT Bombay		Kandla Port, Gandhidham, Gujarat
Sponsoring Authority	Period of Training	Duration	Result
	From	To	Qualified
CWPRS, Pune		2 days	Not Qualified
Awards/Publications			
Type of Activity:		Academic	<input checked="" type="checkbox"/> Non Academic
Activity Area		Activity Subject	Activity Title
Applied Research		Coastal Engineering	Physical and Mathematical modelling
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.	