

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE.</b>						
<b>Employee No. :E0883</b>						
<b>Service</b>	CCS	<b>Designation</b>	Assistant Research Officer	<b>Sub Cadre</b>		
<b>Joining Date : 14.9.1989</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>		
Mrs.	ANURADHA	AJAY	SONAVANE	AAS		
<b>Identity Card No. 776/08</b>						
<b>Sex</b>	Female	<b>Date Of Birth</b>	26.10.1968	<b>Date of Retirement</b>	31.10.2028	
<b>Community</b>	Mahar		<b>Religion</b>	Hindu		
<b>Father's Name</b>	Nivrutti Janaji Jadhav					
<b>Birth Details</b>						
<b>Birth Place</b>	Mumbai	<b>Birth State/ UT</b>	Maharashtra	<b>Nationality</b>	Indian	
<b>Birth District</b>	Mumbai	<b>Mother Tongue</b>	Marathi			
<b>Domicile</b>	Maharashtra	<b>Physically Handicap Status</b>	No.			
<b>Blood Group</b>	O+ve	<b>Identification Marks</b>	Mole on chin			
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	Ajay Sonavane			
<b>Spouse Nationality</b>	Indian					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>JoiningDate</b>	14.9.1989	<b>Retirement Date</b>	31.10.2028	
<b>Departmental Examination Details (If applicable) Nil</b>						
<b>Level</b>		<b>Year</b>			<b>Rank</b>	
<b>Languages known</b>						
	<b>Name of Language</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>		
Indian Languages Known 1	Marathi	✓	✓	✓		
2	Hindi	✓	✓	✓		
Foreign Languages Known	English	✓	✓	✓		
	German	✓	✓	X		
<b>Details of deputation (if applicable) NIL</b>						
<b>Name of the Office</b>	<b>Post held at that time in parent office</b>	<b>Name of post selected for deputation</b>	<b>Period of deputation</b>			
Nil			<b>Since</b>	<b>From</b>		
<b>Details of Foreign Visit</b>						
<b>Sl. No.</b>	<b>Place of Visit</b>	<b>Date of visit</b>	<b>Post held at that time</b>	<b>Whether it is a personal Or official visit</b>	<b>Details of visit</b>	
1	UK and Europe	12.05.2009	Research Assistant	Personal	Visited Historical and heritage Places.	
<b>Transfer/Posting Detail (if applicable) Nil</b>						
<b>Place</b>		<b>Period of posting</b>				
		<b>Since</b>			<b>From</b>	
<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>						
<b>Qualification</b>	<b>Discipline</b>			<b>Specialization 1</b>		
Diploma In Radio Electronics & Engineering	Communication Electronics			Radio Electronics		
Bachelor in Engineering	Electronics and Telecommunication			Power Electronics		
<b>Year</b>	<b>Division</b>	<b>CGPA/ % Marks</b>		<b>Specialization 2</b>		
D.E.R.E1988	First Class	68		Radio Electronics		
B.E(E&TC) part time 1996	Pass Class	52		Power Electronics		

Institution	University	Place	Country
Cusrow wadia Inst.of Tech	Cusrow wadia	Pune	India
Cusrow Wadia Inst.of Tech.	Pune University	Pune	India
<b>Experience</b>			
Type of Posting		Level	
Permanent		Class B Gazetted	
Designation		Present Position	
Assistant Research Officer		Assistant Research Officer	
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
Instrumentation	Electronics	14.9.1989	Up to date
<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
<b>Awards/Publications :Nil</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 : 18.06.2015

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.	