

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E1063</b>						
<b>Service</b>	CCS	<b>Designation</b>	Asst.Halwai/Cook	<b>Sub Cadre</b>		
<b>Joining Date :10.2.94</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>			
MR.	SAMBHAJI	VIAJANATHA	SURVASE	Initials		
<b>Identity Card No. :</b> 500/06						
<b>Sex</b>	Male	<b>Date Of Birth</b>	22.2.71	<b>Date of Retirement</b>	28.2.2031	
<b>Community</b>			<b>Religion</b>	Hindu		
<b>Father's Name</b>	Viajanatha Ram Survase					
<b>Birth Details</b>						
<b>Birth Place</b>	Koral	<b>Birth State/ UT</b>	MAHARASHTRA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	Osmanabad	<b>Mother Tongue</b>		MARATHI		
<b>Domicile</b>	MAHARASTRA	<b>Physically Handicap Status</b>				
<b>Blood Group</b>	O+	<b>Identification Marks</b>				
<b>Marital Details</b>						
<b>Marital Status</b>	Married		<b>Spouse Name</b>	Surekha		
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	10.2.94	<b>Retirement Date</b>	28.2.2031	
<b>Departmental Examination Details (If applicable)</b>						
<b>Level</b>		<b>Year</b>		<b>Rank</b>		
1						
2						
3						

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1 MARATHI	√	√	√
	2 HINDI	√	√	√
	3 ENGLISH	√	√	
	4			
	5			
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
-----Nil-----				

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
-----Nil-----		

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
9 <sup>th</sup> Std. Pass					
Year	Division	CGPA/ % Marks	Specialization 2		
1989					
Institution		University	Place	Country	
			Pune	India	
<b>Experience</b>					
Type of Posting			Level		
Designation			Present Position		
Ministry			Department		
Office			Place		
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.			