

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E0790</b>						
<b>Service</b>	CCS	<b>Designation</b>	MTS		<b>Sub Cadre</b>	
<b>Joining Date : 11.07.1988</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>		<b>Initials</b>	<b>VNT</b>
Mr	Vijay	Namdev	Thite			
<b>Identity Card No. :</b> 1392/12						
<b>Sex</b>	Male	<b>Date Of Birth</b>	01.06.1963	<b>Date of Retirement</b>	31.06.2023	
<b>Community</b>				<b>Religion</b>		
<b>Father's Name</b>		Namdev Tukaram Thite				
<b>Birth Details</b>						
<b>Birth Place</b>	Pune	<b>Birth State/ UT</b>	Maharashtra	<b>Nationality</b>	Indian	
<b>Birth District</b>	Pune	<b>Mother Tongue</b>		Marathi		
<b>Domicile</b>	By Birth	<b>Physically Handicap Status</b>		NA		
<b>Blood Group</b>	B +ve	<b>Identification Marks</b>		A mole on the right side of face		
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>		Chaya Vijay Thite		
<b>Spouse Nationality</b>		Indian				
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	11.07.1988	<b>Retirement Date</b>	31.06.2028	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>		<b>Rank</b>		
1	NA					
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	Hindi	✓	✓	✓
2	Marathi	✓	✓	✓
3				
Foreign Languages Known 1	NIL			

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
	NIL				

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> Class			
Year	Division	CGPA/ % Marks	Specialization 2
Institution	University	Place	Country

<b>Experience</b>				
Type of Posting		Level		
Designation		Present Position		
MTS		MTS		
Ministry		Department		
MoWR & GR & RD		CWPRS		
Office		Place		
HAPT - I		Pune		
Experience Subject		Period of Posting		
Major		Minor		To
<i>Note: -Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; above)</i>				
Training				
Training Year		Training Name		Training Subject
NIL				
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority		Period of Training		Duration
		From	To	( in Weeks)
NIL				
<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.	