

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E1044						
Service	CCS	Designation	M.T.S.	Sub Cadre		
Joining Date :27 July 1993						
Name Details						
Title	First Name	Middle Name	SurName			
Mr.	Kailas	Baban	Tupe	Initials		
Identity Card :1297/11						
Sex	Male	Date Of Birth	18.5.1968	Date of Retirement	31.5.2028	
Community	Maratha	Religion	Hindu			
Father's Name	Baban Mahadu Tupe					
Birth Details						
Birth Place	Pune	Birth State/UT	Maharashtra	Nationality	Indian	
Birth District	Pune	Mother Tongue	Marathi			
Domicile	Maharashtra	Physically Handicap Status	Nil			
Blood Group	O+ve	Identification Marks	Nil			
Marital Details						
Marital Status	Married	Spouse Name	Savita			
Spouse Nationality	Indian					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	28.07.93	Retirement Date	31.5.2028	
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 Marathi	Yes	Yes	Yes		
	2 Hindi	Yes	Yes	Yes		
	3 English	-	-	-		

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	
S.S.C.	-	-	
Year	Division	CGPA/ % Marks	Specialization 2
Institution	University	Place	Country
	-	Pune	India

Experience

Type of Posting	Level	
Permanent	M.T.S.	
Designation	Present Position	
Library & Information Assistant	M.T.S.	
Ministry	Department	
Water Resources, RD&GR	Water Resources	
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	
Level		Institute Name, Place	Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority		Period of Training		Duration	Result
		From	To	(in Weeks)	Qualified
Awards/Publications: nil					
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 preforme.

(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.	