

| ER Sheet Data Entry Form | | | | | | |
|--|---------------------|------------------------|-----------------------------------|---------------------------|------------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. : E0816 | | | | | | |
| Service | CCS | Designation | M.T.S | Sub Cadre | ----- | |
| Joining Date : 2 September 1988 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | SurName | | | |
| Shri | Sanjay | Kisan | Thorat | Initials | _____ | |
| Identity Card No. 1200/11 | | | | | | |
| Sex | Male | Date Of Birth | 12.03.1961 | Date of Retirement | 30.03.2021 | |
| Community | Scheduled Caste | | Religion | Hindu | | |
| Father's Name | Kisan Kodiba Thorat | | | | | |
| Birth Details | | | | | | |
| Birth Place | Nasik | Birth State/ UT | Maharashtra | Nationality | Indian | |
| Birth District | Nasik | Mother Tongue | | Marathi | | |
| Domicile | Pune (Maharashtra) | | Physically Handicap Status | N. A. | | |
| Blood Group | A +ve | | Identification Marks | Scar mark on Left wrist | | |
| Marital Details | | | | | | |
| Marital Status | Married | | Spouse Name | Savita | | |
| Spouse Nationality | Indian | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | CWPRS | Joining Date | 29.08.1988 | Retirement Date | 31.03.2021 | |
| Departmental Examination Details (If applicable) | | | | | | |
| | Level | | Year | Rank | | |
| 1 | - N. A - | | | | | |
| 2 | - N. A - | | | | | |
| 3 | - N. A - | | | | | |

| | | | | |
|--------------------------------|------------------|-------------|--------------|--------------|
| Remarks (if any) | | | | |
| Languages known | | | | |
| | Name of Language | Read | Write | Speak |
| 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 |
| - N. A. - - | | | | |

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 |
|---------|----------------|---------------|------------------------|--|------------------|
| | - N. A. - | | | | |

Transfer/Posting Detail (if applicable)

| Place | Period of posting | |
|-----------|-------------------|------|
| | Since | From |
| - N. A. - | | |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | | |
|---|-----------------------|--------------------|---------------------------------------|----------------------------------|---------------|
| Qualification | | Discipline | | Specialization 1 | |
| 8 th Pass | | --- | | ---- | |
| Year | Division | | CGPA/ % Marks | Specialization 2 | |
| 1981 | --- | | 65 % | --- | |
| Institution | | University | | Place | Country |
| Shrimati Savitribai Phule Prashala, Bhavani Peth | | Maharashtra Board | | Pune | India |
| Experience | | | | | |
| Type of Posting | | | Level | | |
| Permanent | | | Group 'C' Non-Gazetted | | |
| Designation | | | Present Position | | |
| Helper | | | MTS | | |
| Ministry | | | Department | | |
| MOWR, RD & GR | | | Sub -Ordinate office of MOWR, RD & GR | | |
| Office | | | Place | | |
| CWPRS | | | Pune | | |
| 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 & above)</i> | | | | | |
| 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 |
| | | | | | Not Qualified |
| Awards/Publications | | | | | |
| 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 : June 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. | | | |