	ER Sheet Data Entry Form																	
<u>Basic</u>	: Da	<u>ata</u>																
Office	er ID	No.	D	etails														
Servi	ce	CSS	6 Cadre						Sul	-					Id		Will be allocated by	
									(	Cad	re					No	•	CS Division, LNB
S	elec	t Lis	t Y	ear (Allo	t Yea	ar)												
Name	De	tails																
	Tit	tle			Firs	t Nam	e			М	iddle N	am	e			Su	r N	ame
MRS		RATI	۱A	MALA			В	ASAV	'AR	ΑJ	TONDA	٩RE		Initia	s	RB	Γ	
CSI	_ Nc	)./																
SCS	SL N	lo: (i	f k	(nown)														
Sex		Male	9	√ Fem	ale	Date (	Of B	irth	30	0.09	.1960		ate (	of ment	30.09.2020			0.09.2020
Comr	nun	itv		LINGAY	 ⁄ΔΤ				F	Relig	iion	11/		NDU				
		ner's	Νε			SAWA	NAF	PPA \/				\ W		100				
Father's Name BASAWANAPPA VIRUPAKSHAPPA WALE Birth Details																		
Birth				PUN	F		Bi	Birth MAHARASHTRA N				Natio	na	litv	ΤN	IDIAN		
2					_			e/UT					,		,			
Birt	h D	istric	t	PUNE		,		Mother Tongue MARAT						۱T۲	ΙΙ			
Do	mic	ile					P	Physically Handicap Status										
Bloo	d G	roup			А	+		Identification Marks MC					МО	OLE ON LEFT SIDE OF NOSE				
								Marit	al C	Deta	ils			I				
Mar	ital	Statı	ıs		MA	RRIED		Spouse Name							BASAVARAJ V			
								•						TO	ND	ARE		
Spouse Nationality						INDIAN												
_	Joining Details																	
Source of Recruitment STAFF						Jo	inir	ining 17.11.		F	Retirement		t	30.09.2020				
SELECTIO			NC		Date			Details										
COMMISSION																		
Departmental Examination Details																		
Level							Year					Rank						
1					lIL				NIL					NIL				
2					lIL				NIL					NIL				
3	NIL					NIL				NIL								

## Details of deputation (if applicable)

Name of the Office	ne of the Office Post held at that time in parent office		Period of deputation			
NIL	NIL	NIL	Since	From		
NIL	NIL	NIL	NIL	NIL		

## Details of Foreign Visit

SI.	Place of Visit	Date of	Post held at	Whether it	Details of visit
No.		visit	that time	is a	
				personal or	
				official visit	
NIL	NIL	NIL	NIL	NIL	NIL

Transfer/Posting Detail (if applicable)

Place	Period of posting					
	Since	From				
NIL	NIL	NIL				

Remarks (if any)				
Language known				
		Read	Write	Speak
Indian Language 1 Known	MARATHI	YES	YES	YES
2	HINDI	YES	YES	YES
3	ENGLISH	YES	YES	YES
4	KANNADA	NO	NO	YES
Foreign Languages 1	NIL	NIL	NIL	NIL
2	NIL	NIL	NIL	NIL
3	NIL	NIL	NIL	NIL

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)													
Qualification				Discipline							ization 1		
M.Com.						Commerce (1)ACCOUNTANCY AN AUDITING					NCY AND		
,	Year			Divi	sion		CGPA					alization 2	
	1983		FI	RST	CLAS	SS			(	СОМ	PANY	LAW AND	
											SE	CREARIAL	
						PRACTISE						ACTISE	
Ir	nstitutio	n		Ur	niver	sity		Place	e			Country	
GARAW			, PI	JNE	UNI\	/ERSITY		PUN	E			INDIA	
MES, F	PUNE-4	11 004											
Experier													
	Type o	f Postir	ıg					GR	OUP `	C'			
	Desig	nation						UPPER DI	VISIO	N C	LERK		
	Mir	nistry					MTN	ICTDV OF I	۸/۸TE	D D F	SOLID	CES	
	14111	iisti y			MINISTRY OF WATER RESOURCES								
	0	ffice			CWPRS, PUNE								
Е	xperien	ce Sub	ject		Period of Posting								
	Мајо	or			Minor From					То			
					Major, Minor Subjects and below given training subject								
	er the Ai	nnexure	to fill ab	ove N	<i>lajor</i>	, Minor S	ubje	ects and belo	ow give	en ti	raining	subject	
<u>Training</u>	.,		<b>-</b> ·								6.1.		
Training	rear		Trair	iing i	vam	<u>e</u>			ıra	inin	g Subj	ect	
					Field Visit Country Field			ld Visit Place (within India)					
						rieiu v	ISIL	Country	rieic	ı Vis	sit Piat	e (within thai	ia)
Sponsori	ina Auth	ority	D <sub>4</sub>	eriod of Tra		raining		Dura	ation		Result		
эропзоп	ing Auti	ioricy		om	01 1	To			eeks)	١		Qualified	
				0111		10		( 111	ccks	'		Not Qualifie	d
Awards/Publications						ations		ı.					
Type of Activity:								Academic		Non Academic			
Activity Area				Activity Subject				Activity Title					
,									•				
Day	Mo	onth	\	<b>Y</b> ear				ctivity		Level			
						Desc	cript	tion/Remar	'ks				

Note: (i) Concerned CSS Officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Place :	
	Place :

Information checked and verified – by Signature of Officer

Section	Ministry/	
Officer	Department	
E-mail id	Room NO.	Building
		Name:
Phone NO.	Wing No.	