

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :						
Service	-	Designation	MTS	Sub Cadre	---	
Joining Date :28/10/2021						
Name Details						
Title	First Name	Middle Name	Surname			
MR.	MANGESH	DHANAJI	SHINDE	Initials		
Identity Card No. :						
Sex	MALE	Date Of Birth (DD-MM-YYYY)	15/10/1990	Date of Retirement	31/10/2050	
Community			Religion	HINDU		
Father's Name	SHINDE DHANAJI SHRIMANT					
Birth Details						
Birth Place	PANVAN	Birth State/UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	SATARA	Mother Tongue	MARATHI			
Domicile	MAHARASHTRA	Physically Handicap Status	NO			
Blood Group	AB+	Identification Marks	TWO MOLES ON LEFT ARM			
Marital Details						
Marital Status	UNMARRIED	Spouse Name	NO			
Spouse Nationality	NO					
Joining Details						
Source of Recruitment	SSC	Joining Date	28/10/2021	Retirement Date	31/10/2050	
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	MARATHI	YES	YES	YES		
2	HINDI	YES	YES	YES		
Foreign Languages Known	ENGLISH	YES	YES	YES		
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	
MBA (Pharm.)	PHARMACY		
Year	Division	CGPA/ % Marks	Specialization 2
2014		7.24 CGPA	
Institution	University	Place	Country
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH, MOHALI, PUNJAB.	NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH, MOHALI, PUNJAB.	MOHALI	INDIA
Experience			
Type of Posting	Level		
Temporary	1		
Designation	Present Position		
MTS			
Ministry	Department		
MOWR	CWPRS		
Office	Place		
CWPRS KHADAKWASALA PUNE	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	
		From		To	
				(in Weeks)	
				Result	
				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 Performa.

(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.			