

| ER Sheet Data Entry Form | | | | | |
|--|-----------------------------|-----------------------------------|-----------------------------|---------------------------------|------------|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | |
| Employee No. : | | | | | |
| Service | CCS | Designation | CRAFTSMAN 'C Wireman | Sub Cadre | Group-C |
| Joining Date :06/10/2017 | | | | | |
| Name Details | | | | | |
| Title | First Name | Middle Name | Sur Name | Initials | |
| | RAMESH | AMOGSIDDH | CHITAPURE | | |
| Identity Card No. : | | | | | |
| Sex | Male | Date Of Birth | 1/6/1987 | Date of Retirement | 31.05.2047 |
| Community | Indian | Religion | Hindu | Indian | |
| Father's Name | AMOGSIDDH VITHOBA CHITAPURE | | | | |
| Birth Details | | | | | |
| Birth Place | SADEPUR | Birth State/ MH | Maharashtra | Nationality | Indian |
| Birth District | SOLAPUR | Mother Tongue | Marathi | | |
| Domicile | Maharashtra | Physically Handicap Status | Not Applicable | | |
| Blood Group | | | Identification Marks | BLACK MOLE OVER CHEST LEFT SIDE | |
| Marital Details | | | | | |
| Marital Status | Married | | Spouse Name | RANI | |
| Spouse Nationality | Indian | | | | |
| Joining Details | | | | | |
| Source of Recruitment | CWPRS | Joining Date | 06/10/2017 | Retirement Date | 31-05-2047 |
| Departmental Examination Details (If applicable) | | | | | |
| Level | | Year | | Rank | |
| | | | | | |
| 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 | Yes | Yes | Yes | |
| Foreign Languages Known | 1 Not applicable | | | | |

Details of deputation (if applicable) not 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 not applicable

| 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) not applicable

| Place | Period of posting | |
|-------|-------------------|------|
| | Since | From |
| | | |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
|---|---------------------------|---------------------|----------------------------------|-----------|
| Qualification | Discipline | | Specialization 1 | |
| SSC | | | | |
| Year | Division | CGPA/ % Marks | Specialization 2 | |
| MARCH 2002 | SECOND CLASS | 49.33 | Not applicable | |
| Institution | University | Place | Country | |
| Government Industrial Training Institute | MUMBAI | ITI SOLAPUR | India | |
| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
| Qualification | Discipline | | Specialization 1 | |
| ITI | WIREMAN | | N A | |
| Year | Division | CGPA/ % Marks | Specialization 2 | |
| 2005 | A | 72 | N A | |
| Establishment | University | Place | Country | |
| | | | INDIA | |
| Experience | | | | |
| Type of Posting | Level | | | |
| Temporary | Group- 'C' (Non-Gazetted) | | | |
| Designation | Craftsman "C" | | | |
| Ministry | MOWR, RD & GR | | | |
| Office | CWPRS | | | |
| | | | | |
| 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 |
| Director, CW&PRS, Pune | From | To | (in Weeks) | Qualified |
| | | | | |
| Awards/Publications | | | | |

| | | | | | |
|-------------------|-------|------------------|--|----------------|-------|
| Type of Activity: | | Academic | | Non Academic | |
| Activity Area | | Activity Subject | | Activity Title | |
| | | | | | |
| Day | Month | Year | | | 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 : 16.10.2017

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. | | | |