

| ER Sheet Data Entry Form | | | | | | |
|--|--------------------|-----------------------------------|---------------------|---------------------------|---------------------------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. : E1457 | | | | | | |
| Service | CCS | Designation | M.T.S | Sub Cadre | | |
| Joining Date : 26 NOV 2014 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | SurName | Initials | | |
| MR. | SAMIR | MADHUKAR | MANGAM | S.M.M. | | |
| Identity Card No.: 1726/15 | | | | | | |
| Sex | Male | Date Of Birth | 14 SEP 1983 | Date of Retirement | 30 TH SEP 2043 | |
| Community | S.T. | Religion | HINDU | | | |
| Father's Name | MADHUKAR K. MANGAM | | | | | |
| Birth Details | | | | | | |
| Birth Place | KAMATEE | Birth State/ UT | MAHARASHTRA | Nationality | INDIAN | |
| Birth District | NAGPUR | Mother Tongue | MARATHI | | | |
| Domicile | MAHARASHTRA | Physically Handicap Status | NO | | | |
| Blood Group | O +ve | Identification Marks | MOLE BELOW LEFT EYE | | | |
| Marital Details | | | | | | |
| Marital Status | Unmarried | Spouse Name | -- | | | |
| Spouse Nationality | --- | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | SSC/CWPRS | Joining Date | 26 NOV 2014 | Retirement Date | 30 SEP 2043 | |
| Departmental Examination Details (If applicable)--NA-- | | | | | | |
| 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 |
| Foreign Languages Known 1 | ENGLISH | YES | YES | YES |
| 2 | | | | |

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 |
| | --Not applicable--- | | | |

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 |
| | --NIL-- | -- | -- | -- | -- |

Transfer/Posting Detail (if applicable)

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

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | | |
|---|-----------------------|--------------------|------------------------------|----------------------------------|---------------|
| Qualification | | Discipline | | Specialization 1 | |
| B.Sc IInd YEAR | | MATHEMATICS | | | |
| Year | Division | | CGPA/ % Marks | Specialization 2 | |
| 2011 | II | | 47 | | |
| Institution | | University | Place | Country | |
| JMV ACHALPUR | | AMRAVATI | AMRAVATI | INDIA | |
| Experience | | | | | |
| Type of Posting | | | Level | | |
| PERMANENT | | | GROUP C-NON TECHNICAL | | |
| Designation | | | Present Position | | |
| M.T.S. | | | M.T.S. | | |
| Ministry | | | Department | | |
| MoWR, RD&GR | | | RIVER HYDRAULICS | | |
| Office | | | Place | | |
| CW&PRS | | | 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 :

Place

Information checked and verified – by

Signature of Officer

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