

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E0826</b>						
<b>Service</b>	CCS	<b>Designation</b>	MTS	<b>Sub Cadre</b>	MTS	
<b>Joining Date : 31/08/1988</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>	<b>PGR</b>	
Mr.	PANDHARINATTH	GOVARDHAN	RAYKAR			
<b>Identity Card No. 1280/11</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	01/06/1965	<b>Date of Retirement</b>	31/05/2025	
<b>Community</b>	NONE		<b>Religion</b>	HINDU		
<b>Father's Name</b>	GOVARDHAN RAYKER					
<b>Birth Details</b>						
<b>Birth Place</b>	DHAYRIGOAN	<b>Birth State/ UT</b>	M.S.	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	PUNE		<b>Mother Tongue</b>	MARATHI		
<b>Domicile</b>	M.S.		<b>Physically Handicap Status</b>	NO		
<b>Blood Group</b>	O+VE		<b>Identification Marks</b>	BLACK MOLE NR RT STOMACH		
<b>Marital Details</b>						
<b>Marital Status</b>	Married		<b>Spouse Name</b>	Mrs. PUSHPA P G RAYKAR		
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>		<b>Joining Date</b>	08/12/1989	<b>Retirement Date</b>	30/09/2021	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1						
2						
3						

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1			
	2			
	3			
	4			
	5			
Foreign Languages Known	1	NA		
	2			
	3			

Details of deputation (if applicable)-**NA**

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-**NA**

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)-**NA**

Place		Period of posting			
		Since		From	
<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
Year	Division		CGPA/ % Marks	Specialization 2	
Institution	University		Place	Country	
<b>Experience</b>					
Type of Posting			Level		
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 &amp; above)</i>					
<b>Training:</b>					
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	
<b>Awards/Publications:</b>					
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.

Place :PUNE  
Date : 24/06/2015

Information checked and verified – by

Signature of Officer

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