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ER Sheet Data Entry Form Name of Organization: CENTRAL WATER AND POWER RESEARCH STATION, PUNE																
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			LSM.								
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: 18.09.2017 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.		