ER Sheet Data Entry Form Name of Organization: CENTRAL WATER AND POWER RESEARCH STATION, PUNE **Employee No.: E0729** Service CCS Designation MTS Sub Cadre Joining Date :10/02/1987 **Name Details** Middle Name Title **First Name** SurName BHIMRAO MHALURAM **JADHAV** Initials BMJ MR. **Identity Card No.** 1155/11 Sex MALE Date Of Birth 06.11.1969 Date of Retirement 30/11/2029 Community **NAVBOUDH** SC Religion MHALURAM MARUTI JADHAV **Father's Name Birth Details** Birth Place PUNE Birth State/ UT | MAHARASHTRA Nationality | INDIAN Birth District PUNE Mother Tongue MARATHI Domicile MAHARASHTRA Physically Handicap Status NO. MOLE ON CHEST Blood Group o+ve **Identification Marks Marital Details** Married Spouse Name SUMAN Marital Status Spouse Nationality Indian **Joining Details** Source of Recruitment **CWPRS** Joining 10.02.1987 Retirement 30.11.2029 Date Date Departmental Examination Details (If applicable): Year Rank Level Remarks (if any) Languages known Name of Language Read Write Speak Indian Languages Known 1 MARATHI HINDI $\sqrt{}$ $\sqrt{}$ √ $\sqrt{}$ Χ Foreign Languages Known English

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 | | |
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| NIL | | | Since | From | |

Details of Foreign Visit

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| | NIL | | | | | |

Transfer/Posting Detail (if applicable)

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

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | | | | | | | | | |
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| Qualification | | | | Discip | line Specialization 1 | | | | | | | |
| 9 th STD passed | | | | | | | | | | | | |
| | | | Divisio | n | Specialization 2 | | | | | | | |
| | 1988 | | S | econd (| d Class | | | | | | | |
| | Institutior | า | | Univ | ersity | Place Country | | | | | Country | |
| Poona Night Highschool | | | | | | | Shukruvar Pune-4110 | ar peth, India | | | | |
| Experie | nce | | | | | | | | | | | |
| - | Type of | Postin | ng | | Level | | | | | | | |
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| Awards | /Publica | itions | | | | | | | I | | riot quamic | |
| Type of Activity: | | | | | | Academic Non Acad | | | Non Academic | | | |
| Activity Area | | | | | Activity Subject | | | | | Activity Title | | |
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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

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