	ER Sheet Data Entry Form																
Name	Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE																
Empl	oyee	e No	. : E	1292	2												
Serv	ice	CC	S	Designation J			Junior Engineer(Civil)			vil)	Sub Cadre			ngine	erir	ng Cadre	
				10.2	005 (As a	a Ju	nior	Eng	jineer	(Civi	il) ir	CW	PRS)			
Name																	
Title	_	F		Name	•	ı		idle i			Sι	ırNa					
Mr.			MIL	IND			RAI	MKRU	SHI	VA		G	AWA]		Initi	als	MRG
Iden	tity (Card	l No.	: 114	19/11												
Sex	Male	е		Dat	te Of	Birth	ı	01/04	1/19	972	Date	e of	Retir	ement	ent 31.03.2032		
Comn	nunit	У	5	Schedule caste					Religio	igion Buddha			dha				
Fathe	er's I	Nam	ie [Ramk	rushn	a Pis	sarar	n Gav	wai								
Birth																	
Birth	Plac	e		Dhakali Bir			ŲT						Nationa	-		dian	
Birt	h Dis	strict	. /	AKOLA				Mother Tongue Ma				Marathi					
Do	micil	е	Mal	harashtra Physic			cally	cally Handicap Status No									
Bloo	d Gro	oup		B+ve				Identification Marks					Mole on Neck				
Marit								ı									
Ма	ırital	Stat	us	Married				Spouse Name				S	Sanghpriya Milind Gawai				
Spouse Nationality Indian				Indian													
Joini																	
Source of Recruitment							Joinin Date						rement Date			.2032	
Departmental Examination Details (If applicable)																	
				Lev	el					Year				Rank			
1					-					-							
2					-						-					-	
3	-						-					-					

Remarks (if any) -				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages 1 Known	Marathi	Yes	Yes	Yes
2	Hindi	Yes	Yes	Yes
3	-	-	-	-
4	-	-	-	-
5	-	-	-	-
		4.	1	
Foreign Languages Known 1	English	Yes	Yes	Yes
2	-	-	-	-
3	-	-	-	=

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
-	_	<u>-</u>	=	-

Details of Foreign Visit

SI. 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)

Place	Period of posting						
	Since	From					
-	-	-					

Qualification:												
Qualification						Disc	Discipline			Specialization 1		
 Diploma in Engineering (D.C Bachlor of Engineering (B.E Appeared 								Civil Engineering Civil Engineering				
Year			Divis	sion		CG	iPA/% N	larks		Speci	alization 2	
1. 1997		F	irst (Class			63%			•		
Appeared			-				-					
Institution		Univers	sity				Place			С	ountry	
1. Govt. Polytechn	nic	1. Boa					Yawatm	al			. India	
2. Cusrow W Institute Technology	adia of	Educati 2. Univ				2. Pune			2. India			
Experience : As	a 'Ju	nior En	aine	er'					1			
Type of I								Lev	el			
CCS - R							Grou	p	- No	n-Gaze	tted	
Design	ation						Pre	sent F	Positi	on		
Junior Er	ngine	er		Regular								
Minis	stry			Department								
Water Resou				C.W.& P.R.S.								
Development												
Rejuver		1										
Offi				Place								
C.W.& I				Pune – 411 024. Period of Posting								
Experience		ject					Per	od of		_	_	
Major			-	Minor					Fro		To	
of wor res buil for				nning, construction, ervision and execution various types of Civil ks. Maintenance of nondential and residential ding. Model construction Spillways and energy sipators.					Till date			
Training:												
Training Year	Training						•			ng Sub		
2015		and JE		ld in CWPRS,				Aspects of administrative and technical work carried out in CWPRS.				
Level Institute Name, I			ne, F	Place	Field	Visit	Count	y Fi	eld V	isit Pla	ce (within India)	
Induction Training CWPRS, Pune-			e-24				-				-	
Sponsoring Autho	rity			of T	raining			Duration		<u> </u>	Result	
			om		To) (in W			Yes	Qualified	
CWPRS, Pune-24. 16.02.20			2.201	.5	20.02.	201	5 1	Week	(-	Not Qualified	

Awards	/Publications:							
Type of Activity:			- Academic			-	 Non Academic 	
	Activity Area	Activity Subject				Activity Title		
	-			=			=	
Day	Day Month Year		r Activity			Level		
				Descript	ion/Remarks			

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.

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Date:	Place :
Date.	FIACE .

Information checked and verified – by

Signature of Officer

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