ER Sheet Data Entry Form																	
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE																	
Employee No.: E0965																	
Service CCS Designa				natio	nation Junior			3			ub dre	Group C					
Joini	ng D	ate :	27	.09.199	91	l .											
Name																	
Title				Name							Sur Name						
Shri	(	Sanes	h			Pandharinath				Bhegade				Init	ials		
Identity Card No.: 721/07																	
Sex	Mal	е			Date	te Of Birth 1			5.06.1966 D			Date of Retiren			ement 30.06.2026		
Comn	nunit	ty		Marath	a			Religior			Hindu						
Father's Name Pandharinath Namdev Bhegade																	
Birth	Det	ails															
Birth	Plac	ce		Pirangı	ıt	Birth State/ UT			/ Maharasthra		ľ	Nationality In		In	dian		
Birt	th Di	strict		Pune		<u> </u>	Mother Tongue Ma					1arath	ni				
Do	micil	е	Ma	harash	tra		Physically Handicap Status										
Blood Group			0+				Ide	Identification Marks			(S	Black mole on upper side of right nose					
Marit	tal D	etail	S					1									
Marital Status Ma				rried Spouse Name					е	Mrs. Sulabha Ganesh Bhegade							
Spouse Nationality						Indian											
Joini																	
Sour	ce of	Recr	uitn	nent		oyment nange		ining Date	<b>3</b>			ireme Date	rement 30.06.2026 Date				
Depa	Departmental Examination Details (If applicable)																
Level							Year			Rank							
1							NA				NA						
2	2 NA						NA	NA			NA						
3	NA							N/	Д				NA				

Rem	arks (if any)			NA						
Lang	uages known									
		Name	of Language	Read	Wr	ite	Speak			
	n Languages 1		Marathi	Good	Go	od	Good			
Know	2		Hindi	Good	Go	od	Good			
	3									
	4									
	5									
Forei	gn Languages		English	Good	Go	od	Good			
Know	n 1									
	2									
	3									
Details of deputation (if applicable)										
Nam	e of the Office		eld at that	Name of	post	Period of deputation				
		time in	parent office	(selected deputat		Since From				
	NA							From		
			Details of I	Foreign Visit						
SI.	Place of \	/isit	Date of	Post held at	Wheth	ner it	Det	ails of visit		
No.			visit	that time	is	is a				
					persor official	nal or I visit				
	NA									
		Tran	sfer/Posting [	Detail (if applic	able)					
	Place				of postin					
			Si	nce		1	From			
	NA									

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)													
Qualification					Discipline					Specialization 1			
D.E.E. (Electrical)						Electrical				NA			
Year			,	Division		CGPA/ % Mai				Speci	ialization 2		
1996				Ist Class			68			NA			
	Institutio	n		Unive				Place		Country			
	ment Po		ic M		tra State						India		
		.,		Boa									
Experie	nce												
		f Postir	na		Level								
		NA	<u> </u>					NA					
		nation					Prese	ent Pos	sitio	n			
		<u> </u>						r Engi					
	Mir	nistry						partm					
		D & GR						CWPRS					
		ffice	•					Place					
		/PRS					Kha	dakwa	asla				
	Experien	ce Sub	ject		Period of Posting								
	Мајо	or			Minor				Fror	n	То		
Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject										subject			
	ım 1 wed	ek & ab	ove)										
Training			Tuelu	in a Nam	Name Training Subject								
Training		NIL	ıraır	ning Nam	ie		NIL						
NI	L	NIL			INIL								
Le	evel	Insti	tute Nai	me, Place   Field			it Country	Field	d Vi:	Visit Place (within India)			
NIL		NIL		,	NIL	NIL			NIL				
Sponso	ring Autl	nority		eriod of			Duration			Result			
				om		То		Veeks)	)	Qualifi			
NIL NIL					NIL		NIL				Not Qualified		
Awards	/Public	ations			•		-						
	Туре	of Act	ivity:		Academic					Non Academic			
	ty Area			Activity Subject					Activity Title				
Day Month			,	Year	Activity					Level			
					Des	Description/Remarks							
NIL	NIL NIL				NIL				N:	NIL			
					1								

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: 25.06.2015 Place: Khadakwasla

Signature of Officer

Information checked and verified – by

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