

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E0902</b>						
<b>Service</b>	CCS	<b>Designation</b>	Scientist D	<b>Sub Cadre</b>		
<b>Joining Date : 12 JANUARY 1990 as RESEARCH OFFICER</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Sur Name</b>		<b>Initials</b>	
Ms	RAJANI	BHALCHANDRA	DEOGADE			
<b>Identity Card No. :941/09 ISSUED ON 18 DEC 2009</b>						
<b>Sex</b>	Female	<b>Date Of Birth</b>	24.03.1964	<b>Date of Retirement</b>	31.03.2024	
<b>Community</b>	MAHAR	<b>Religion</b>	HINDU			
<b>Father's Name</b>	SHRI BHALCHANDRA G DEOGADE					
<b>Birth Details</b>						
<b>Birth Place</b>	VIKARABAD	<b>Birth State/ UT</b>	ANDHRA PRADESH	<b>Nationality</b>	INDIAN	
<b>Birth District</b>		<b>Mother Tongue</b>	MARATHI			
<b>Domicile</b>	MAHARASHTRA	<b>Physically Handicap Status</b>	NA			
<b>Blood Group</b>	O +VE	<b>Identification Marks</b>	MOLE NEAR RIGHT NOSTRIL			
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	SANTOSH PRASAD			
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	UPSC	<b>Joining Date</b>	12.01.1990	<b>Retirement Date</b>	31.03.2024	
<b>Departmental Examination Details (If applicable) NOT APPLICABLE</b>						
	<b>Level</b>		<b>Year</b>		<b>Rank</b>	

Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 HINDI	√	√	√
	2 MARATHI	√	√	√
Foreign Languages Known	1 ENGLISH	√	√	√

Details of deputation (if applicable) Not applicable

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 : Not applicable

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 : Transfer within CWPRS, Khadakwasla, Pune

Place	Period of posting	
	Since	From

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>			
Qualification	Discipline	Specialization 1	
B Tech	Electronics		
Year	Division	CGPA/ % Marks	Specialization 2
1986	II		
Institution	University	Place	Country
SRP College	Nagpur University	Nagpur	India
<b>Experience</b>			
Type of Posting		Level	
		Gazetted Class I	
Designation		Present Position	
Research Officer		Scientist D	
Ministry		Department	
Ministry of Water Resources, River Development and Ganga Rejuvenation		Coastal Hydraulics Studies (CHS) Division	
		Place	
		Pune	
Experience Subject		Period of Posting	
Major	Minor	From	To
1. Planning and execution of measurement of various parameters on Hydraulic model	Basic and applied research in Development of projects	Jan 1990	Aug 1999

and field studies using adequate instrumentation.  2. Development of PC based software for data acquisition and analysis of various model and field parameters			
3. Planning and execution of performance testing and calibration of various types of current measuring instruments	<ul style="list-style-type: none"> <li>• Basic and applied research in Development of projects</li> <li>• Development of various software for field efficiency test for various projects</li> </ul>	Aug 1999	Aug 2010
4. The work of Dam Instrumentation including Installation , advice and consulting instrumentation		Aug 2010	Nov 2014
5. The work of Data collection coastal engineering using field equipment and instrumentation		Nov 2014	Till date

*Note: -Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)*

Training									
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.

Date :

Place :

Information checked and verified – by

Signature of Officer

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