

OER Sheet Data Entry Form

Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE

Employee No. : E0969

| | | | | | |
|----------------|-----|--------------------|-------------------------|------------------|--|
| Service | CCS | Designation | GROUP D NON GAZEETED | Sub Cadre | |
|----------------|-----|--------------------|-------------------------|------------------|--|

Joining Date : 10/10/2091

Name Details

| | | | | | |
|--------------|-------------------|--------------------|-----------------|----------|-----|
| Title | First Name | Middle Name | Sur Name | Initials | PBD |
| MR. | PANDURANG | BHIMAJI | DEDGE | | |

Identity Card No.

| | | | | | |
|------------|-------|----------------------|------------|---------------------------|------------|
| Sex | MA LE | Date Of Birth | 10/09/1967 | Date of Retirement | 30/09/2027 |
|------------|-------|----------------------|------------|---------------------------|------------|

| | | | |
|------------------|------|-----------------|-------|
| Community | MALI | Religion | HINDU |
|------------------|------|-----------------|-------|

Father's Name BHIMAJ KHANDU DEDGE

Birth Details

| | | | | | |
|-----------------------|-------------|-----------------------------------|----------|--------------------|--------|
| Birth Place | PUNE | Birth State/ UT | PUNE | Nationality | INDIAN |
| Birth District | PUNE | Mother Tongue | MARATHI | | |
| Domicile | MAHARASHTRA | Physically Handicap Status | YES | | |
| Blood Group | A+ve | Identification Marks | HANDICAP | | |

Marital Details

| | | | |
|---------------------------|---------|--------------------|--------------------------|
| Marital Status | Married | Spouse Name | VIDYA PANDURANG DEDGE |
| Spouse Nationality | Indian | | |

Joining Details

| | | | | | |
|------------------------------|-------|---------------------|------------|------------------------|-----------|
| Source of Recruitment | CWPRS | Joining Date | 10/10/2091 | Retirement Date | 30/9/2027 |
| EMPLOYMENT EXCHANGE | | | | | |

Departmental Examination Details (If applicable)

| | | |
|------------------|-------------|-------------|
| Level | Year | Rank |
| Remarks (if any) | | |

Languages known

| | Name of Language | Read | Write | Speak |
|--------------------------|------------------|------|-------|-------|
| Indian Languages Known 1 | MARATHI | √ | √ | √ |
| 2 | HINDI | √ | √ | √ |
| 3 | | | | |
| Foreign Languages Known | English | √ | | |

| | | | |
|---------------------------|--|---|-----------------------------|
| Name of the Office | Post held at that time in parent office | Name of post selected for deputation | Period of deputation |
| Nil | | | Since From |

Details of Foreign Visit

| | | | | |
|---------|--|--|--|--|
| Sl. No. | | | | |
|---------|--|--|--|--|

Transfer/Posting Detail (if applicable) Nil

| | |
|--------------|--------------------------|
| Place | Period of posting |
| | Since From |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
|---|-----------------------|-------------------------------------|----------------------------------|------------------|
| Qualification | | | | Specialization 1 |
| Year | Division | CGPA/ % Marks | Specialization 2 | |
| Institution | University | Place | Country | |
| | | Pune | India | |
| | | | India | |
| Experience | | | | |
| Type of Posting | | Level | | |
| Permanent | | Group C Non Gazette | | |
| Designation | | Present Position | | |
| Group C Non Gazette | | Group C NON Gazette | | |
| Ministry | | Department | | |
| MOWR,RD & GR | | Sub-Ordinate office of MOWR,RD & GR | | |
| Office | | Place | | |
| CW&PRS | | Pune | | |
| Experience Subject | | Period of Posting | | |
| Major | Minor | From | To | |
| | | | | |
| <i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)</i> | | | | |
| 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 |
| | | | | |
| Awards/Publications | | | | |
| 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 : 19.06.2015

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. | |