

| ER Sheet Data Entry Form | | | | | | |
|--|-----------------------------|-----------------------------------|-----------------------------------|---------------------------|-----------------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. : E - 1124 | | | | | | |
| Service | CCS | Designation | Scientist "B" | Sub Cadre | Research Cadre | |
| Joining Date : 21/04/1997 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | SurName | | Initials | |
| Mr. | Santoshkumar | Bhagwan | Deokule | | S. B. | |
| Identity Card No. : 1703/15 | | | | | | |
| Sex | Male | Date Of Birth | 08/08/1972 | Date of Retirement | 31/08/2032 | |
| Community | SC | Religion | Hindu | | | |
| Father's Name | Mr. Bhagwan Sitaram Deokule | | | | | |
| Birth Details | | | | | | |
| Birth Place | Lonand | Birth State/ UT | Maharashtra | Nationality | Indian | |
| Birth District | Satara | Mother Tongue | Marathi | | | |
| Domicile | Maharashtra | Physically Handicap Status | N. A. | | | |
| Blood Group | O Rh + | Identification Marks | Mole on both legs | | | |
| Marital Details | | | | | | |
| Marital Status | Married | Spouse Name | Mrs. Suvarna Santoshkumar Deokule | | | |
| Spouse Nationality | Indian | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | CWPRS | Joining Date | 21/04/1997 | Retirement Date | 31/08/2032 | |
| Departmental Examination Details (If applicable) | | | | | | |
| | Level | Year | Rank | | | |
| 1 | Nil | Nil | Nil | | | |
| 2 | | | | | | |
| 3 | | | | | | |

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

Details of Foreign Visit

| Sl. No. | Place of Visit | Date of visit | Post held at that time | Whether it is a personal or official visit | Details of visit |
|---------|----------------|---------------|------------------------|--|------------------|
| Nil | Nil | Nil | Nil | Nil | Nil |

Transfer/Posting Detail (if applicable)

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

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | |
|--|-------------|------------------------|------------------|
| Qualification | Discipline | Specialization 1 | |
| B.E. | Electrical | Electrical Switch gear | |
| Year | Division | CGPA/ % Marks | Specialization 2 |
| 1994 | First Class | 61 % | |
| Institution | University | Place | Country |
| Walchand College of Engineering, Sangali. | Kholapure | Sangali | India |

Experience

| Type of Posting | Level | | |
|---|-------------------------|------|-----------|
| Research Assistant | Group B (Non Gazetted) | | |
| Designation | Present Position | | |
| Scientist "B" | Group A | | |
| Ministry | Department | | |
| MOWR,RD and GR. | CWPRS | | |
| Office | Place | | |
| Telephone Section | Pune | | |
| Experience Subject | Period of Posting | | |
| Major | Minor | From | To |
| Operation and maintenance of telecommunication System installed at CWPRS. | | 1997 | 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 | |
|----------------------|-----------------------|---------------------|----------------------------------|
| Nil | Nil | Nil | |
| Level | Institute Name, Place | Field Visit Country | Field Visit Place (within India) |
| | | Nil | Nil |
| Sponsoring Authority | Period of Training | Duration | Result |
| | From | To | (in Weeks) Nil |
| Nil | Nil | Nil | Not Qualified |

Awards/Publications

| Type of Activity: | Nil | Academic | Nil | Non Academic |
|-------------------|------------------|----------|------------------------------|--------------|
| Activity Area | Activity Subject | | Activity Title | |
| Nil | Nil | | Nil | |
| Day | Month | Year | Activity Description/Remarks | Level |
| Nil | Nil | Nil | Nil | Nil |

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. | |