

OER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. : E0868						
Service	CCS	Designation	M.T.S.	Sub Cadre		
Joining Date : 07/09/1989						
Name Details						
Title	First Name	Middle Name	Sur Name			
MR.	DATTATRAY	KASHINATH	DHOLE	Initials	DKD	
Identity Card No. 1185						
Sex	MA LE	Date Of Birth	05/08/1965	Date of Retirement	31/08/2025	
Community	HINDU-MAHADE	Religion	HINDU			
Father's Name	KASHINATH KONDAJI DHOLE					
Birth Details						
Birth Place	PUNE	Birth State/ UT MAHARASHTRA	PUNE	Nationality	INDIAN	
Birth District	PUNE	Mother Tongue	MARATHI			
Domicile	MAHARASHTRA	Physically Handicap Status	NO.			
Blood Group	A+ve	Identification Marks	SIGN ON RIGHT LAGE			
Marital Details						
Marital Status	Married		Spouse Name	SANGEETA		
Spouse Nationality	Indian					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	07/09/1989	Retirement Date	31/0 8/20 25	
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
8 th pass				
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		
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	
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
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.	