

OER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. E0560						
Service	CCS	Designation	CRAFT'SMAN 'B'	Sub Cadre		
Joining Date : 27/08/1982						
Name Details						
Title	First Name	Middle Name	Sur Name	Initials	GSM	
	GULAB	SAHEBRAO	MURUGUNDE			
Identity Card No. 825/08						
Sex	MA LE	Date Of Birth	14/11/1961	Date of Retirement	30/11/2021	
Community	HUNDU-MANG	Religion	HINDU			
Father's Name	SAHEBRAO BAPU MURUGUNDE					
Birth Details						
Birth Place	PUNE	Birth State/ UT	PUNE	Nationality	INDIAN	
	MAHARASHTRA					
Birth District	PUNE	Mother Tongue	MARATHI			
Domicile	MAHARASHTRA	Physically Handicap Status	NO.			
Blood Group	B+	Identification Marks				
Marital Details						
Marital Status	Married		Spouse Name	LAXMI		
Spouse Nationality	Indian					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	27/08/1982	Retirement Date	30/11/2021	
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			
			Since	From		

Details of Foreign Visit

Sl. No.					
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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		
CRAFTSMANE C		CRAFTSMANE C		
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.	