

ER Sheet Data Entry Form					
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>					
<b>Employee No. :E 1307</b>					
<b>Service</b>	CCS	<b>Designation</b>	SCIENTIST 'B'	<b>Sub Cadre</b>	
<b>Joining Date : 15/12/2006</b>					
<b>Name Details</b>					
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>	<b>GCS</b>
SRI	GOLAK	CHANDRA	SAHOO		
<b>Identity Card No. : 600/07</b>					
<b>Sex</b>	Male	<b>Date Of Birth</b>	25/05/1971	<b>Date of Retirement</b>	31/05/2031
<b>Community</b>	TELI	<b>Religion</b>	HINDU		
<b>Father's Name</b>	KANDURI CHARAN SAHOO				
<b>Birth Details</b>					
<b>Birth Place</b>	HALADIAPATANA	<b>Birth State/UT</b>	ODISHA	<b>Nationality</b>	INDIAN
<b>Birth District</b>	KENDRAPARA	<b>Mother Tongue</b>	ODIA		
<b>Domicile</b>	ODISHA	<b>Physically Handicap Status</b>	NO		
<b>Blood Group</b>	B + VE	<b>Identification Marks</b>	BLACK MARK ON LEFT CHEST		
<b>Marital Details</b>					
<b>Marital Status</b>	MARRIED	<b>Spouse Name</b>	SABITA SAHOO		
<b>Spouse Nationality</b>	INDIAN				
<b>Joining Details</b>					
<b>Source of Recruitment</b>	UPSC	<b>Joining Date</b>	15/12/2006	<b>Retirement Details</b>	31/05/2031
<b>Departmental Examination Details (If applicable) Nil</b>					
	<b>Level</b>	<b>Year</b>	<b>Rank</b>		
<b>Remarks (if any)</b>					
<b>Languages known</b>					
	<b>Name of Language</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known	1 HINDI	√	√	√	
	2 ENGLISH	√	√	√	
	3 Odia	√	√	√	
Foreign Languages Known	1 ENGLISH	√	√	√	
<b>Address Details</b>					
<b>Permanent Address</b>	AT/POST-MADHUSUDANNAGAR TULSIPUR	<b>City</b>	CUTTACK		
	<b>State/UT</b>	ODISHA	<b>Pin code</b>	353008	
<b>Present Contact Address</b>	D-10, CWPRS COLONY KHADAKWASLA	<b>City</b>	PUNE		
	<b>State/UT</b>	MAHARASTRA	<b>Pin Code</b>	411024	
	<b>Phone (Off)</b>	24103465	<b>Fax</b>	24381008	
	<b>Phone (Res)</b>	24381453	<b>Mob No</b>	9370169195	
	<b>E-Mail (Mandatory)</b>	sahoogc1971@rediffmail.com			
<b>Details of deputation (if applicable) NIL</b>					
<b>Name of the Office</b>	<b>Post held at that</b>	<b>Name of post</b>	<b>Period of deputation</b>		

	time in parent office	(selected for deputation)		
			Since	From

**Details of Foreign Visit NIL**

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 (if applicable) NIL**

Place	Period of posting	
	Since	From

**Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)**

Qualification		Discipline		Specialization 1	
M.E.		ELECTRICAL ENGINEERING		CONTROL&INSTRUMENTATION	
Year	Division	CGPA/ % Marks	Specialization 2		
2003	FIRST CLASS WITH DISTINCTION	7.5 / 10	CONTROL&INSTRUMENTATION		
Institution		University		Place	Country
DELHI COLLEGE OF ENGINEERING		DELHI UNIVERSITY		DELHI	INDIA

**Experience**

Type of Posting	Level		
REGULAR PERMANENT	GROUP A (GAZEETED)		
Designation	Present Position		
SCIENTIST 'B'	SCIENTIST 'B'		
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
Electrical		15.12.2006	Up to 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	
2014	PUMPED STORAGE HYDROELETRIC PROJECT		PUMPED STORAGE HYDROELETRIC PROJECT	
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result
NATIONAL WATER ACADEMY	27-01-2014	31-01-2014	01 WEEK	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.			