

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E0577</b>						
<b>Service</b>	CCS	<b>Designation</b>	LA-I	<b>Sub Cadre</b>		
<b>Joining Date :01/10/1982</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>	<b>SSS</b>	
MR.	SITARAM	SAVALERAM	SANGADE			
<b>Identity Card No. :</b> 1043/10						
<b>Sex</b>	MALE	<b>Date Of Birth</b>	01/06/1961	<b>Date of Retirement</b>	31/10/2021	
<b>Community</b>	S.T.	<b>Religion</b>	HINDU			
<b>Father's Name</b>	SAVALERAM					
<b>Birth Details</b>						
<b>Birth Place</b>	HADSAR	<b>Birth State/ UT</b>	MAHARASHTRA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	PUNE	<b>Mother Tongue</b>	MARATHI			
<b>Domicile</b>	MAHARASHTRA	<b>Physically Handicap Status</b>	N\A			
<b>Blood Group</b>	O+	<b>Identification Marks</b>	MOLE ON LEFT SIDE CHEST			
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	MANGAL			
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	01/10/1982	<b>Retirement Date</b>	31/10/2021	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1	-NIL-	-NIL-	-NIL-			
2						
3						

Remarks (if any)	-NIL-			
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	MARATHI	YES	YES	YES
2	HINDI	YES	YES	YES
3	ENGLISH	YES	YES	YES
4				
5				
<b>Foreign Language Known</b>				
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-

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
B.A		ARTS		ENGLISH	
Year	Division	CGPA/ % Marks	Specialization 2		
OCT-1985	II	--	--		
Institution		University	Place	Country	
C.T.BORA COLLEGE		PUNE UNIVERICITY	PUNE	INDIA	
<b>Experience</b>					
Type of Posting			Level		
LAB.ASSTT. GRADE- III			III		
Designation			Present Position		
LA- III			LAB.ASSTT.GR.I		
Ministry			Department		
MWOR			Engineering Seismology		
Office			Place		
CWPRS			PUNE		
Experience Subject			Period of Posting		
Major		Minor		From	To
Seismological data analysis for different river valley projects.		Seismological data analysis for different river valley projects.		01.10.1982	Till date
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week &amp; above)</i>					
<b>Training</b>					
Training Year	Training Name		Training Subject		
-NIL-	-NIL-		-NIL-		
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)		
Sponsoring Authority		Period of Training		Duration	Result
		From	To	( in Weeks)	Qualified
-NIL-		-NIL-	-NIL-	-NIL-	Not Qualified
<b>Awards/Publications</b>					
Type of Activity:			Academic	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 : 25/06/2015 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.	