| ER Sheet Data Entry Form  |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
|---|-------|------------------|-------|---------------|-------------------------------|------------|-----------------|----------|--------------|-----------------------|-----------------|-------------|-----------------|------------------|----------|-----------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Empl  | oye   | e No             | . : E | E0944         |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Service CCS   |       |                  | S     | Designation   |                               |            | М.              | M.T.S.   |              |                       | Sub<br>Cadre    |             |                 | Ministrial staff |          |           |  |
| Joining Date : 19.09.1990   |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Name  |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Title   |       |                  | rst   | t Name Middle |                               |            |                 |          | me           |                       | urNa            |             |                 |                  |          |           |  |
| Mr.   | P     | Asif             |       |               | Abbas                         | Abbas      |                 |          | Bl           | Bhimani               |                 |             | Initials        |                  |          |           |  |
| Identity Card No.: 1775/15  |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Sex   | Mal   | e / <del>F</del> | ema   | Date Of E     |                               |            | Birth 15.01.197 |          |              | 1970                  | Date of Retiren |             |                 | ent              | 31       | .01.2030  |  |
| Comn  | nunit | ty               |       | General       |                               |            |                 | Religion |              |                       |                 | Muslim      |                 |                  |          |           |  |
| Father's Name Abbas J. Bhimani  |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Birth   | Det   | ails             |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Birth Place   |       |                  |       | Pun           | Pune Birth St                 |            |                 | •        | te/ Maharash |                       |                 | tra Nationa |                 | onality Indian   |          |           |  |
|   |       |                  |       |               |                               |            | ndi/Ma          | /Marathi |              |                       |                 |             |                 |                  |          |           |  |
| Domicile Mahar  |       |                  |       |               | htra                          | tra Physic |                 |          |              | cally Handicap Status |                 |             | Dumb & Deaf     |                  |          |           |  |
| Blood Group   |       |                  |       | B +ve         |                               |            |                 |          | dent         | ification             | n Mark          | s           | A n             | nole             | on I     | eft cheek |  |
| Marit   | al D  | etail            | S     |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Marital Status  |       |                  |       | М             | Married/ <del>Unmarried</del> |            |                 |          |              | Spouse Name           |                 |             |                 |                  | Fazarana |           |  |
| Sp  | ouse  | Nati             | ona   | lity          | Indian                        |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Joini   |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| Source of Recruitm  |       |                  |       | ment          | thr<br>Emplo                  | -          |                 |          | ing<br>te    | 19.09                 |                 |             | irement<br>Date |                  | 31.      | 01.2030   |  |
| Departmental Examination Details (If applicable) - Not Applicable     |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
|   |       |                  |       | Level         |                               |            |                 |          | Year         |                       |                 |             | Rank            |                  |          |           |  |
| 1   |       |                  |       |               |                               |            |                 |          |              | _                     |                 |             |                 |                  |          |           |  |
| 2   |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |
| 3   |       |                  |       |               |                               |            |                 |          |              |                       |                 |             |                 |                  |          |           |  |

| Remarks (if any)             |       |                              |                           |   |             |        |                      |  |  |
|------------------------------|-------|------------------------------|---------------------------|---|-------------|--------|----------------------|--|--|
| Languages knowr              | 1     |                              |                           |   |             |        |                      |  |  |
|                              | Name  | of Language                  | Read                      | Wr  | Write       |        | Speak                |  |  |
| Indian Languages :<br>Known  |       | Marathi                      | Yes                       | Yes Ye                                      |             | es Yes |                      |  |  |
| 2                            |       | Hindi                        | Yes                       | Yes   |             | Yes    |                      |  |  |
| 3                            |       | English                      | Yes                       | Ye  | es          | Yes    |                      |  |  |
| 4                            |       |                              |                           |   |             |        |                      |  |  |
| 5                            |       |                              |                           |   |             |        |                      |  |  |
| Foreign Languages<br>Known 1 |       | N.A.                         |                           |   |             |        |                      |  |  |
| 2                            |       |                              |                           |   |             |        |                      |  |  |
| 3                            |       |                              |                           |   |             |        |                      |  |  |
|                              | Det   | ails of deputa               | tion (if applicab         | ole)  |             |        |                      |  |  |
| Name of the Office           |       | eld at that<br>parent office | (selected                 | Name of post<br>(selected for<br>deputation |             |        | Period of deputation |  |  |
|                              |       |                              |                           |   | Sin         | ce     | From                 |  |  |
|                              |       | Not ap                       | plicable                  |   |             |        |                      |  |  |
|                              |       | Details of F                 | oreign Visit              |   |             |        |                      |  |  |
| SI. Place of No.             | Visit | Date of<br>visit             | Post held at<br>that time | Wheth<br>is<br>persor<br>official           | a<br>nal or | or     |                      |  |  |
|                              |       | Not ap                       | plicable                  | Official                                    | VISIC       |        |                      |  |  |
|                              | Tran  | sfer/Posting D               | Detail (if applica        | ble)  |             |        |                      |  |  |
| Place                        |       |                              | Period o                  | f postin                                    |             |        |                      |  |  |
|                              |       | Si                           | Since From                |   |             |        |                      |  |  |
|                              | l -   | Not ap                       | plicable                  | 1   |             |        |                      |  |  |

| Qua   | lificatio  | <b>n</b> (Use e | xtra phot | осору             | sheets                     | s for multi      | qual                | ifications, ex | perien               | e, tra           | aining, | awards details)    |  |  |  |
|---|------------|-----------------|-----------|-------------------|----------------------------|------------------|---------------------|----------------|----------------------|------------------|---------|--------------------|--|--|--|
| Qualification   |            |                 |           | Discipline        |                            |                  |                     |                | Specialization 1     |                  |         |                    |  |  |  |
| 10 <sup>th</sup>  |            |                 |           | Maharashtra Board |                            |                  |                     |                |                      |                  |         |                    |  |  |  |
|   | Year       |                 |           | Divi              | sion                       |                  | CG                  | SPA/ % Ma      | rks                  | Specialization 2 |         |                    |  |  |  |
| 1988  |            |                 | Sec       | ond               |                            |                  | 52 %                |                |                      | ,                |         |                    |  |  |  |
|   | Institutio | n               |           | U                 | niver                      | sitv             |                     | Plac           | <br>e                |                  | Country |                    |  |  |  |
|   | e High So  |                 | ľ         |                   |                            | ra SSC           |                     | Pune           |                      |                  | India   |                    |  |  |  |
| Deccan  |            |                 |           |                   | Board                      |                  |                     |                |                      |                  |         |                    |  |  |  |
| Experience : Separate sheet enclosed  |            |                 |           |                   |                            |                  |                     |                |                      |                  |         |                    |  |  |  |
|   | Type of    | Postir          | ng        |                   |                            |                  |                     |                | Level                |                  |         |                    |  |  |  |
|   | Helper     | Gr. II          | I         |                   |                            |                  |                     | Gr             | oup "                | D″               |         |                    |  |  |  |
|   | Desig      | nation          |           |                   |                            |                  |                     | Prese          | nt Po                | sitio            | n       |                    |  |  |  |
|   |            | r Gr. II        |           |                   |                            |                  |                     |                | ۲.T.S                |                  |         |                    |  |  |  |
|   |            | istry           |           |                   |                            |                  |                     |                | artm                 |                  |         |                    |  |  |  |
|   | MoWR,      |                 | <u>GR</u> |                   |                            |                  |                     |                | WPR:                 | <u>S</u>         |         |                    |  |  |  |
|   |            | fice            |           |                   |                            | Place            |                     |                |                      |                  |         |                    |  |  |  |
|   |            | PRS             |           |                   | Pune                       |                  |                     |                |                      |                  |         |                    |  |  |  |
|   | Experience |                 | ject      |                   | Period of Posting          |                  |                     |                |                      |                  |         |                    |  |  |  |
| Major   |            |                 |           |                   | Minor                      |                  |                     |                |                      | Fror             | n       | То                 |  |  |  |
| Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject |            |                 |           |                   |                            |                  |                     |                |                      | <br>  subject    |         |                    |  |  |  |
|   | m 1 wee    |                 |           |                   |                            |                  |                     |                |                      |                  |         |                    |  |  |  |
| Training: Not applicable Training Year Training N   |            |                 |           |                   |                            |                  |                     |                | Tra                  | inin             | a Sub   | niect              |  |  |  |
| Training Tear Traini  |            |                 |           | iiig              | , ivanic                   |                  |                     |                |                      | Training Subject |         |                    |  |  |  |
|   |            |                 |           |                   |                            |                  |                     |                |                      |                  |         |                    |  |  |  |
| Level Institute Na  |            |                 |           |                   | Place                      | Field            | Field Visit Country |                | Field Visit Place (w |                  |         | ice (within India) |  |  |  |
|   |            |                 |           |                   |                            |                  |                     |                |                      |                  |         |                    |  |  |  |
| Sponsoring Authority Perio  |            |                 |           |                   | of T                       | raining          |                     | Dura           | Duration             |                  | Result  |                    |  |  |  |
| From  |            |                 | om        |                   | То                         |                  | ( in W              | ( in Weeks     |                      | Qualified        |         |                    |  |  |  |
|   |            |                 |           |                   |                            |                  |                     |                |                      |                  |         | Not Qualified      |  |  |  |
| Awards  | /Publica   |                 |           | ıppli             | cabl                       | e                |                     |                |                      |                  |         |                    |  |  |  |
| Type of Activity:   |            |                 |           |                   |                            | Academic         |                     |                |                      | Non Academic     |         |                    |  |  |  |
| Activity Area   |            |                 |           |                   |                            | Activity Subject |                     |                |                      |                  | Act     | tivity Title       |  |  |  |
|   |            |                 |           |                   |                            |                  |                     |                |                      |                  |         |                    |  |  |  |
| Day Month   |            |                 |           | Year              | Activity Description/Remar |                  |                     |                | ks                   | 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 : 07.07.2015 Place : Pune

Information checked and verified - by

Signature of Officer

| Section<br>Officer | Ministry/<br>Department |                   |
|--------------------|-------------------------|-------------------|
| E-mail id          | Room NO.                | Building<br>Name: |
| Phone NO.          | Wing No.                |                   |