<u>Nam</u>	e of Or	ganiz	zation	: CENT	RAL V	WATE	R AND	POW	ER	RESE	ARCH	STAT	ION	I, P
Emp	loyee N	lo. :E	0717											
Serv		CCS		gnation	1	Scientist 'C'		C'		Sub Cadr		Grou	p	Gaze
Joini	ng Dat	e :20	/10/1	L986					<u> </u>					
Nam	e Deta	ils												
Title			Name	e	Mi	ddle N	lame			Name	)			1
Shri	SHA	AIBAL						G	SANO	GULY		Initi	als	SG
Iden	tity Ca	rd No	. 170	5/15								L		
Sex	Male			Da	ite Of	Birth	06/0 62	2/19	D	ate of	Retir	ement	28	3/02
Comr	nunity		Brahn	nin				gion		Hir	ndu		•	
Fath	er's Na	me	Shri S	Salil Kur	nar Ga	anguly								
Birth	Detail	ls												
Birth Place			Patna	Patna		rth State/ Bihar UT			Nati		onality In		dian	
Bir	th Distr	ict	Patna		Mothe			er Ton	r Tongue Ban			ıla		
Do	micile	Ma	aharas	htra		Physic	cally H	andica	ıp St	tatus	Nil	,		
Bloo	d Group	)	-	O Positi	ve		Identification Marks					Mole on Foreh		
Mari	tal Det	ails				1					I			
	rital St			Mar	ried		Spouse Name Dr Ina Gan					ang		
Sp	ouse Na	ationa	lity						India	an	•			
Joini	ng Det	ails												
Source of Recruitment			UF					0/10/ Retirement 986 Date			it 28/02/2022			
Depa	rtmenta	al Exa	minatio	on Deta	ils (If	applica	able)							
			Lev	el				Ye	ear				Ran	ık
1			N	Nil				1	۱i۱		Ν	Jil		
2														
3							1							

Remarks (if any)	Nil											
Languages known												
	Name of Language	Read	Write	Speak								
Indian Languages 1 Known	Hindi	Yes	Yes	Yes								
2	Bangla	Yes	Yes	Yes								
3	Marathi	Yes	Yes	Yes								
4												
5												
Foreign Languages Known 1	English	Yes	Yes	Yes								
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
Nil	Nil	Nil	Since	From

## Details of Foreign Visit

SI.	Place of Visit	Date of	Post held at	Whether it	Details of visit
No.		visit	that time	is a	
				personal	
				or official	
				visit	
1.		Sept	Senior	Personal	Wife's medical
	USA,Canada	2000-	Research		treatment
		May 2001	Officer		

## Transfer/Posting Detail (if applicable)

Place	Period of posting						
	Since	From					
	Nil	Nil					
Nil							

Qua	lificatio	<b>n</b> (Use e	xtra phot	copy sł	heets	for multi	qualit	fications, ex	perience	e, tra	aining, a	awards details)
Qualification				Discipline					Specialization 1			
B.Engg.,			Ele	Electronics & Telecomm,					Operating system			
M Tech.				Ind	ustrial	Engo	j &	Pe	Personal Management &			
				M	1anage	ment	:	Org	Organizational Behaviour			
	Year			Divisi	ion		CGF	PA/ % Ma	rks	Specialization 2		
	1984			Firs				62%	Micro contr			controller
	1987		T .	Firs			;	3.4 CGPA				
	<u>Institutio</u>	n		Uni	vers	ity		Plac	e			Country
Experie												
	Type of								Level			
	Central G							Group \/				
		nation							nt Pos		n	
		tist 'C'							entist `			
		istry							partme	ent		
N	10 W R		G R		CFI							
Office					Place							
CWPRS					PUNE							
Experience Subject					Period of Posting							
	Majo				Minor Fron							
	ulic Instr				ta Acquisition & Control 20/10/1986   Major, Minor Subjects and below given training su					Till date		
				ove Ma	ajor,	Minor S	ubjec	ts and belo	ow give	en ti	raining	ı subject
	ım 1 wee	K & AD	ove)									
Training Training			Trair	ing N	2m0				Trai	inin	a Cub	vioct
Ni Ni			Hall	ning Na Nil	anne	ne Training Subject Nil				gect		
INI	'			INII							IVII	
Le	evel	Insti	tute Nai	ne, Pl	ace	Field	Visit	Country	Field	l Vi	sit Pla	ce (within India)
Cnana	ماد، ۱۰ ماد	l anie i		- Lain -	. F T	l nini:		<b>D</b>				Dogult
Sponsor	ring Auth	iority		eriod c	or ira					ation Result		
	Nil			om		To Nil		· · · · · · · · · · · · · · · · · · ·		(eeks) Qualified		
				Nil .					lil 	Not Qualified		
Awards				aper	ın Jo	<u>ournal</u>			ntatio	n S		y of India
Type of Activity:			1	Academic Activity Subject					Non Academic			
Activity Area					ACTIV	ity Si	ubject		Activity Title			
De	N.4			/:				Lii		T		
Day	MO	nth		Year	Activity				dec	Level		
	1	no	-	0012	Description/Remarks					-		
Nata : /:	June 2013 Journal paper											

Note: (i) Concerned CCS Officer is responsible for the correctness of information sent through ER Sheet proforma.

Date: Information checked and verified – by

Signature of Officer

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