

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E0728</b>						
<b>Service</b>	CCS	<b>Designation</b>	JUNIOR ENGINEER	<b>Sub Cadre</b>	JUNIOR ENGINEER	
<b>Joining Date : 20.11.1987</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>		Initials	
SHRI	ABDUL JABBAR	ABDUL RASHID	SHAIKH			
<b>Identity Card No. : 708/07</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	17.06.1963	<b>Date of Retirement</b>	30.06.2023	
<b>Community</b>			<b>Religion</b>	MUSLIM		
<b>Father's Name</b>	SHRI ABDUL RASHID ABDUL SHUKUR					
<b>Birth Details</b>						
<b>Birth Place</b>	PANDHARPUR	<b>Birth State/ UT</b>	MAHARASHTRA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	SOLAPUR	<b>Mother Tongue</b>		URDU		
<b>Domicile</b>	MAHARASHTRA	<b>Physically Handicap Status</b>		NIL		
<b>Blood Group</b>	B +ve		<b>Identification Marks</b>		SCAR ON BACK OF RIGHT HAND PALM & FORE HAND	
<b>Marital Details</b>						
<b>Marital Status</b>	Married		<b>Spouse Name</b>	Mrs SABIYA SHAIKH		
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	20.11.1987	<b>Retirement Date</b>	30.06.2023	
<b>Departmental Examination Details (If applicable)</b> N.A.						
<b>Level</b>			<b>Year</b>	<b>Rank</b>		
1	LAB ASSISTANT TO JUNIOR ENGINEER		1996	JUNIOR ENGINEER		
2						
3						
<b>Remarks (if any)</b>						

<b>Languages known</b>					
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known	1	MARATHI	YES	YES	YES
	2	HINDI	YES	YES	YES
	3	URDU	NO	NO	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	
			Since	From
-	-	-		
-	-	-	-	-

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
	-	-	-	-	-

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
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<b>Qualification</b> (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
BSC		SCIENCE		CHEMISTRY
Year	Division	CGPA/ % Marks	Specialization 2	
1984	PASS			
Institution		University	Place	Country
SANGAMESHWAR COLLAGE		SHIVAJI UNIVERSITY	SOLAPUR	INDIA
Qualification		Discipline		Specialization 1
DCE		CIVIL ENGINEERING		ENGINEERING
Year	Division	CGPA/ % Marks	Specialization 2	
1987	SECOND		GENERAL	
Institution		University	Place	Country
MALIK SANDAL POLYTECHNIC		BOARD OF TECHNICAL EDUCATION	BIJAPUR, KARNATAKA	INDIA
<b>Experience</b>				
Type of Posting		Level		
GROUP-C				
Designation		Present Position		
LAB ASSISTANT GR.III		JUNIOR ENGINEER		
Ministry		Department		
MINISTRY OF WATER RESOURCES, RIVER DEVELOPMENT AND GANGA REJUVENATION		CENTRAL WATER & POWER RESEARCH STATION		
Office		Place		
GUEST HOUSE		KHADAKWASLA,PUNE-24		
Experience Subject		Period of Posting		
Major	Minor	From	To	
BUILDING MANAGEMENT	PHYSICAL MODEL	20.11.1987	24.06.2015	
<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	
2015	DIPLOMA ENGINEERING		BASIC	
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)	
DIPLOMA	CWPRS, KHADAKWASLA	---	NHAVA-SHEVA, JNPT etc. HPCT MANGLORE PORT(MULKI RIVER)	
Sponsoring Authority	Period of Training		Duration	Result
	From	To	( in Weeks)	
GOVERNMENT OF INDIA	-	-	3 DAYS	Qualified

<b>Awards/Publications</b>				
Type of Activity:			Academic	Non Academic
Activity Area		Activity Subject		Activity Title
WORLD WATER DAY		PUBLIC AWARENESS TEACHERS SCHOOL CHILDREN		FELICITED AT HANDS OF DIRECTOR & HONORARIUM (TWICE)
Day	Month	Year	Activity Description/Remarks	Level
	MARCH	2013 & 2015	HONORIUM FOR EXTRA WORK OFFICE HOURS & HOLIDAYS	-

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 : KHADAKWASLA

Information checked and verified – by

Signature of Officer

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