

ER Sheet Data Entry Form					
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>					
<b>Employee No. : E-0922</b>					
<b>Service</b>	CCS	<b>Designation</b>	Laboratory Assistant Gr.II	<b>Sub Cadre</b>	
<b>Joining Date : 09.04.1990</b>					
<b>Name Details</b>					
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	Initials	
	SHANKAR	NIVRUTTI	KHIRID		
<b>Identity Card No. : 334/04</b>					
<b>Sex</b>	Male	<b>Date Of Birth</b>	01.07.1965	<b>Date of Retirement</b>	30.06.2025
<b>Community</b>	Open	<b>Religion</b>	HINDU		
<b>Father's Name</b>	NIVRUTTI VITTHAL KHIRID				
<b>Birth Details</b>					
<b>Birth Place</b>	GORHE BUDRUK	<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>	NO		
<b>Blood Group</b>	AB '+ve'	<b>Identification Marks</b>	A MOLE ON LEFT CHEEK		
<b>Marital Details</b>					
<b>Marital Status</b>	Married	<b>Spouse Name</b>	JAYASHRI		
<b>Spouse Nationality</b>	INDIAN				
<b>Joining Details</b>					
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	09.04.1990	<b>Retirement Date</b>	30.06.2025
<b>Departmental Examination Details (If applicable)</b>					
	<b>Level</b>	<b>Year</b>	<b>Rank</b>		
1	NA	NA	NA		
2	NA	NA	NA		
3	NA	NA	NA		

Remarks (if any)				
<b>Languages known</b>				
	Name of Language	<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1 MARATHI	√	√	√
	2 HINDI	√	√	√
	3			
	4			
	5			
Foreign Languages Known				
	1 ENGLISH	√	√	√
	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
NA	NA	NA	NA	NA

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
NA	NA	NA	NA	NA	NA

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
NA	NA	NA

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
S.Y. B.Com.		Commerce		Accountancy	
Year	Division		CGPA/ % Marks	Specialization 2	
1986-87	II				
Institution		University		Place	Country
Shri Shahu Mandir Mahavidyalaya, Pune-9		PUNE UNIVERSITY		PUNE	INDIA
<b>Experience</b>					
Type of Posting			Level		
PERMANENT					
Designation			Present Position		
Laboratory Assistant Gr.-III			Laboratory Assistant Gr.-II		
Ministry			Department		
MINISTRY OF WATER RESOURCES & GANGA REJUVENTAION			GEOPHYSIC		
Office			Place		
CENTRAL WATER AND POWER RESEARCH STATION, Khadakwasal, Pune			KHADAKWASLA, RESEARCH STATION, PUNE-411024		
Experience Subject			Period of Posting		
Major		Minor		From	To
Assisting conducting client sponsored research studies in the field of Geophysics		Assisting in Laboratory Experiments in office and Campus		09.04.1990	Till today
<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	
1995		"Workers Training"		To make workers to develop, sound, industrial, relation including their responsibilities towards social/economical/environmental their right/obligation as worker/ citizen etc.	
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
				18	
Sponsoring Authority		Period of Training		Duration	Result
Central Water and Power Research Station, Khadakwalsa, pune-411024		From	To	( in Weeks)	Qualified
		15.09.1995	15.12.1995	3 Weeks	Yes
					Not 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.			