

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :E0472</b>						
<b>Service</b>	CCS	<b>Designation</b>	SUPERINTENDENT	<b>Sub Cadre</b>		
<b>Joining Date :18/06/1981</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>		<b>Initials</b>	
Mr.	NOOR MOHAMMED	EBRAHIM	SHAIKH			
<b>Identity Card No :1077</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	18/09/1958	<b>Date of Retirement</b>	30/09/2018	
<b>Community</b>	MUSLIM	<b>Religion</b>	ISLAM			
<b>Father's Name</b>	LATE SHRI EBRAHIM KARIM SHAIKH					
<b>Birth Details</b>						
<b>Birth Place</b>	PUNE	<b>Birth State/ UT</b>	MAHARASTRA	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	PUNE	<b>Mother Tongue</b>	URDU			
<b>Domicile</b>	MAHARASTRA	<b>Physically Handicap Status</b>	----			
<b>Blood Group</b>	B+ Ve	<b>Identification Marks</b>	AMOLE ON THE RIGHT HAND IDENTIFICATION FINGER			
<b>Marital Details</b>						
<b>Marital Status</b>	Married	<b>Spouse Name</b>	Mrs REHANA			
<b>Spouse Nationality</b>	INDIAN					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	SSC	<b>Joining Date</b>	18/06/1981	<b>Retirement Date</b>	30/09/2018	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1	-----	----	----			
2						
3						

Remarks (if any)				
<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 ENGLISH	YES	YES	YES
	4 URDU	YES	NO	YES
	5			
Foreign Languages Known				
	1			
	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
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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
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Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
	-----	

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>				
Qualification		Discipline		Specialization 1
B com		commerce		Advance accounting and auditing
Year	Division	CGPA/ % Marks	Specialization 2	
1981	2 <sup>nd</sup>			
Institution	University	Place	Country	
Pune college	Pune	PUNE	INDIA	
<b>Experience</b>				
Type of Posting		Level		
PERMANENT		Group 'B'		
Designation		Present Position		
SUPERINTENDENT		SUPERINTENDENT		
Ministry		Department		
MOWR & RD GR		CWPRS		
Office		Place		
CWPRS		Pune		
Experience Subject		Period of Posting		
Major	Minor	From	To	
CLERICAL DUTY		18/06/1981	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	
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result
	From	To	( in Weeks)	Qualified
				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.	