

ER Sheet Data Entry Form					
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE					
Employee No. :E0912					
Service	CCS	Designation	LA II	Sub Cadre	
Joining Date :12/02/1990					
Name Details					
Title	First Name	Middle Name	SurName	Initials	
Mr.	SURESH	BHIMSHA	SHIVANKAR		SB Shivankar
Identity Card No. :451/					
Sex	Male / Female	Date Of Birth	15/10/1961	Date of Retirement	31/10/2021
Community	SC	Religion	Hindu Mahar		
Father's Name	BHIMSHA SAIBANNA SHIVANKAR				
Birth Details					
Birth Place	DAUND	Birth State/ UT	Maharashtra	Nationality	INDIAN
Birth District	PUNE	Mother Tongue	Marathi		
Domicile	Maharashtra	Physically Handicap Status	N.A		
Blood Group	A+	Identification Marks	Mole/Mark on left back side		
Marital Details					
Marital Status	Married	Spouse Name	Mrs. Arti S SHIVANKAR		
Spouse Nationality	INDIAN				
Joining Details					
Source of Recruitment	Employment Exchange, Pune	Joining Date	12/02/1990	Retirement Date	31/10/2021
Departmental Examination Details (If applicable)/					
	Level	Year	Rank		
1	NA	NA	NA		
2					
3					

Remarks (if any)				
Languages known				
	Name of Language	Read	Write	Speak
Indian Languages Known	1 MARATHI	YES	YES	YES
	2 HINDI	YES	YES	YES
	3 ENGLISH	YES	YES	YES
	4			
	5			
Foreign Languages Known	1 NO	NO	NO	NO
	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

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
B.Com					
Year	Division	CGPA/ % Marks	Specialization 2		
1986	Second	58%			
Institution		University	Place	Country	
Ness Wadia College of commerce		Pune University	Pune	India	
Experience					
Type of Posting			Level		
Designation			Present Position		
LA-II					
Ministry			Department		
Water Resources, RD &GR			Subordinate office of MOWR, RD &GR		
Office			Place		
Experience Subject			Period of Posting		
Major		Minor	From	To	
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject (minimum 1 week & above)</i>					
Training					
Training Year	Training Name		Training Subject		
	NIL				
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
Awards/Publications					
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.			