

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E0815						
Service	CCS	Designation	M.T.S.	Sub Cadre	Group C	
Joining Date :29-08-1988						
Name Details						
Title	First Name	Middle Name	SurName			
Mr.	RAFIQUE	ABDUL	SHAIKH	Initials		
Identity Card No. :699/07						
Sex	Male	Date Of Birth	16-06-1963	Date of Retirement	31-06-2023	
Community			Religion	MUSLIM		
Father's Name	ABDUL GANI SHAIKH					
Birth Details						
Birth Place	PUNE	Birth State/ UT	MAHARASHTRA	Nationality	INDIAN	
Birth District	PUNE		Mother Tongue	URDU		
Domicile	MAHARASHTRAIN	Physically Handicap Status		YES		
Blood Group	B POSITIVE		Identification Marks	Mole on RIGHT hand ANKLE		
Marital Details						
Marital Status	Married		Spouse Name	SHAHIDA		
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	CWPRS	Joining Date	29/08/1988	Retirement Date	31/06/2023	
Departmental Examination Details (If applicable)						
	Level	Year		Rank		
1	NIL					

Remarks					
Languages known					
		Name of Language	Read	Write	Speak
Indian Languages Known		MARATHI	YES	YES	YES
	2	HINDI	YES	YES	YES
	3				
Foreign Languages Known	1	NIL			

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---				

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
1	---NIL---				

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
---NA---		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization1
NINTH CLASS	---		---
Year	Division	CGPA/ % Marks	Specialization 2
1979	I class	---	---
Institution	University	Place	Country
ANGLO URDU HIGH SCHOOL	---	PUNE	INDIA
Experience			
Type of Posting		Level	
Permanent		Group C	
Designation		Present Position	
M.T.S.		M.T.S.	
Ministry		Department	
Ministry of Water Resourse, River Development and Ganga rejuvenation		Central water and power research station	
Office		Place	
Central water and power research		Pune	
Experience Subject		Period of Posting	
Major	Minor	From	To
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<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
		From	To
			(in Weeks)
			Result
			Qualified
			Not Qualified
Awards/Publications			
Type of Activity:		Academic	Non Academic
Activity Area		Activity Subject	Activity Title
Day	Month	Year	Level
			Activity Description/Remarks

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.			