WAPCOS LTD. BIO DATA File No. 5/224/Delhi-GWRDM-Exp Date:01.11.2024

Affix Your Recent Passport Size Colour Photograph

Post applied for ______ on fixed term appointment basis for work relating to "Atal Bhujal Yojna Project".

1. Name of Candidate (as recorded in Matriculation or equivalent certificate)

| | | ~~~~ | | (| | , | | | |
|------|------|------|------|---|------|------|------|------|------|------|------|---|--|--|--|
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| | | | | | | | | | | | | | | | |

2. Father's Name (as recorded in Matriculation or equivalent certificate)

3. Mother's Name (as recorded in Matriculation or equivalent certificate)

| Male Female | 4. Sex | | 5. Religion |
|-------------|--------|--------|-------------|
| | Male | Female | |

| 6. Marital Statu | s (If married name of spor | use) | (Spouse Name & Nationality) |
|------------------|----------------------------|------|-----------------------------|
| Married | Unmarried | | |

| | | | | of Bi | | | | | b). Birth Place/District | c). Birth State/UT |
|---|---|---|---|-------|---|---|---|---|--------------------------|--------------------|
| ſ | D | D | Μ | Μ | Y | Y | Y | Y | | |

d). Nationality

e). Mother Tongue

f). Age as on date (31/10/2024): Year_____Months _____ Days_____

8. a). Domicile b). Blood group c). Identification Marks

| <u>9. Wł</u> | nether b | elongs t | to: | | | |
|--------------|----------|----------|-----------|----------|-------|---------|
| | | | | | | |
| SC | ST | OBC | OBC (NCL) | Minority | PWBMD | General |

10. Languages Known:

| Language | Read | Write | Speak |
|----------|------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

11. Academic/Professional Qualifications:

| Sr. No. | Name of Examination | Year of Passing | Univ/Board | Subjects | Marks obtained | % of marks |
|------------|------------------------|--------------------|------------|----------|-------------------|---------------|
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12. Highest qualification acquired in Hindi:_____

13. Training received if any:

14. Experience as on 31.10.2024 (Please give details thereof, use separate sheet if required)

| Organization | Perie | bd | Designation & | Scale of Pay/ Gross |
|--------------|-------|----|-----------------------|---------------------|
| | From | То | Description of Duties | Salary |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

15. Correspondence Address:

| PIN | Phone |
|-----|-------|
| | |

| 16. | Permanent Address: | | |
|-----|--------------------|-----|-------|
| | | | |
| | | | |
| | | | |
| | | PIN | Phone |

- 17. PAN:
- 18 Aadhar No.:
- 19. Guardian/Emergency Contact No.:
- 20. Contact Mobile No.:
- 21. Valid E.Mail ID:
- 22. Passport No.:
- 23. Any other information:

Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

I solemnly declare that the above information is true/correct and I understand that in the event of the information found to be incorrect after my appointment, I shall be liable to be dismissed from service.