WAPCOS LTD. BIO DATA

File No. 5/224/Polavaram-H&PS-Exp

Date: 03.12.2024

Affix Your Recent Passport Size Colour Photograph

			L	Photograph					
Post applied forIrrigation Project".	on fixed term	appointment basis	for work relating to) "Polavaram					
irrigation rioject.									
1. Name of Candidate (as recorded in Matriculation or equivalent certificate)									
2. Father's Name (as recorded in Matriculation or equivalent certificate)									
3. Mother's Name (as recorded in Matriculation or equivalent certificate)									
3. Mother's Name (as recorded)	ed in Matriculation (or equivalent certifi							
4. Sex	-	5. Religion							
Male Fema	ale								
6. Marital Status (If married n	ame of spouse)	(Spouse	Name & Nationality	7)					
Married Unmarrie		(Spouse	rame & radionanty						
	· ·								
7. a). Date of Birth b). Birth Place/District c). Birth State/UT D D M M Y Y Y Y Compared to the state of Birth b. Birth Place of Birth State of Birth St									
d). Nationality e). Mother Tongue									
•									
f). Age as on date (30/11/2024): Year Months Days									
8. a). Domicile b). Blood group c). Identification Marks									
		-							
9. Whether belongs to:	1	Г	ı						
SC ST OBC OBC (N	ICL) Minority	PWBMD	Genera	1					
SC 31 OBC OBC (N	(CL) Millority	FWDMD	Genera	.1					
10. Languages Known:									
Language	Read	Write	Speak	Speak					
-			_						
i	1	l							

Sr.	Name of	Year		Univ/	Board	Subjects	Marks	% of	
No.	Examinati	on Passi	ng				obtained	marks	
12.	Highest qual	ification acqui	red in	Hindi:		1	1	1	
		eived if any: _							
	_	-			details	thereof, use sepa	arate sheet if re	anired)	
	•					•		•	
Organ	anization		riod			Designation & Description of Duties		Scale of Pay/ Gross Salary	
		From		То	Descri	ption of Duties	Sarary		
15. (Corresponde	nce Address:							
13.	Corresponde	nce Address.							
						OTN I	Dl		
					P	<u>'IN</u>	Pnone		
16.	Permanent A	ddress:							
]	PIN	Phone		
	PAN:								
	Aadhar No.:		, 37						
	Guardian/Er Contact Mol	nergency Con	act No	·.:					
	Valid E.Mai								

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

22. Passport No.:

23. Any other information:

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.

Date Signature