WAPCOS LTD. BIO DATA

File No. 5/224/CD-Ladakh -Exp

Date: 06.08.2025

Affix Your Recent Passport Size Colour Photograph

| Post applied for on fixed term appointment basis for work relating to "PMO Services for Implementation of Drinking Water Supply for Chikkaballapura & Bagalkot district through Design, Build, Operate and Transfer (DBOT) mode under JJM". | | | | | | |
|--|--|--|--|--|--|--|
| 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) | | | | | | |
| | | | | | | |
| 4. Sex 5. Religion | | | | | | |
| 6. Marital Status (If married name of spouse) (Spouse Name & Nationality) Married Unmarried | | | | | | |
| 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 birth Place of Birth Place of Birth | | | | | | |
| d). Nationality e). Mother Tongue | | | | | | |
| | | | | | | |
| f). Age as on date (31/07/2025): YearMonths Days | | | | | | |
| 8. a). Domicile b). Blood group c). Identification Marks | | | | | | |
| 9. Whether belongs to: | | | | | | |
| SC ST OBC OBC (NCL) Minority PWBMD General | | | | | | |
| 10. Languages Known: | | | | | | |
| Language Read Write Speak | | | | | | |
| | | | | | | |

| 11. | Academic/Professional | Q | uali: | ficatioı | ns: |
|-----|-----------------------|---|-------|----------|-----|
|-----|-----------------------|---|-------|----------|-----|

| Sr. | Name of | Year of | Univ/Board | Subjects | Marks | % of |
|-----|-------------|---------|------------|----------|----------|-------|
| No. | Examination | Passing | | | obtained | marks |
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| 12. I | 2. Highest qualification acquired in Hindi: | | | | | | | |
|--------------|---|------------------|------------|------------------------------|-------------------------|--|--|--|
| 13. | . Training received if any: | | | | | | | |
| 14. I | Experience a | ns on 31.07.2025 | (Please gi | ve details thereof, use sepa | rate sheet if required) | | | |
| Organization | | Period | | Designation & | Scale of Pay/ Gross | | | |
| | l | From | То | Description of Duties | Salary | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 15. (| Corresponde | ence Address: | | | | | | |
| | <u> </u> | ince i idai ess. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | PIN | Phone | | | |
| 16. I | Permanent A | Address: | | | | | | |

- 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.

Phone.....

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