



NO.WAP/5/860/2025/HR.

BIO DATA

Post applied for: _____

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

[illegible]

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

[illegible]

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

[illegible]

4. Sex

Male		Female	
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5. Religion

6. Marital Status (If married name of spouse) (Spouse Name & Nationality)

Married		Unmarried		
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7. a). Date of Birth

b). Birth Place/District

c). Birth State/UT

D	D	M	M	Y	Y	Y	Y		
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d). Nationality

e). Mother Tongue

<u>7.1.1.1</u>	<u>7.1.1.2</u>

f). Age as on date (01/08/2025): Year _____ Months _____ Days _____

8. a). Domicile

b). Blood group

c). Identification Marks

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9. Whether belongs to:

SC	ST	OBC	OBC (NCL)	Minority	P.H (%)	(PwBD)	EWS	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

12. Computer knowledge if any, Please Specify :

13. Highest qualification acquired in Hindi:_____

14. Training received if any: _____

15. Experience, if any as on 30.11.2025 (Please give details thereof, use separate sheet if required)

Organization	Period		Designation & Description of Duties	Scale of Pay/ Gross Salary
	From	To		
Total Years of Experience:			Years: _____ Months: _____ Days: _____	

16. Correspondence Address:

PIN.....	Phone.....

17. Permanent Address:

PIN.....	Phone.....

18. PAN:

19. Aadhar No.:

20. Guardian/Emergency Contact No.:

21. Contact Mobile No/Whatsapp No.:

22. Valid Email ID:

23. Passport No.:

24. 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.

Date

Signature

घोषणा पत्र/DECLARATION

1. उम्मीदवार का नाम/
Name of Candidate
2. नौकरी का वर्तमान स्थान एवं ब्यौरा, यदि कोई हो/
Present place & details of employment, if any:
यदि नौकरी करते हैं, तो ब्यौरा दीजिये
If employed, the detail thereof:
3. वापकोस या इसके संघटकों* और जल संसाधन मंत्रालय में, दोनों नजदीकी और दूर का, यदि कोई रिश्तेदार नियुक्त है, तो उसका उम्मीदवार के साथ रिश्ते सहित नाम (मों) /पदनाम/ कार्यालय का पता सूचित करें।
Name(s)/Designation/Official address of the relatives both near and far, if any employed in WAPCOS or its Constituent* and in Ministry of Water Jal Shakti indicating relationship with the candidate.

मैं सत्यनिष्ठा से घोषणा करता हूँ कि उपरोक्त सूचना सही है और मेरी जानकारी व विश्वास से सत्य है।
I solemnly declare that the above information is correct and true to the best of my knowledge and belief.

हस्ताक्षर/Signature

दिनांक/Date :

केन्द्रीय जल आयोग/Central Water Commission
केन्द्रीय विद्युत प्राधिकरण/Central Electricity Authority
केन्द्रीय भूजल बोर्ड/Central Ground Water Board
भारतीय मौसम विज्ञान विभाग/Indian Meteorological Department
भारतीय भौगोलिक सर्वे/Geological Survey of India
सर्वे ऑफ इण्डिया/Survey of India
केन्द्रीय जल एवं विद्युत अनुसंधान केन्द्र/Central Water & Power Research Station.
केन्द्रीय मृदा एवं सामग्री अनुसंधान केन्द्र/Central Soil & Material Research Station.