WAPCOS LTD. BIO DATA

File No. 5/224/GWRDM-ABY-Exp Date:02.08.2024

Affix Your Recent Passport Size Colour Photograph

| Post applied for | on fixed term appoin | tment basis for work relating to Atal |
|--|-------------------------------------|--|
| Bhujal Yojna Project. | | |
| | | |
| 1. Name of Candidate (as rec | orded in Matriculation or equivale | nt certificate) |
| | | |
| | | |
| 2. Father's Name (as recorded | in Matriculation or equivalent cer | tificate) |
| 2. Tuther straine (as recorded | | |
| | | |
| | | |
| 3. Mother's Name (as recorde | d in Matriculation or equivalent ce | rtificate) |
| | | |
| | | |
| 4. Sex | 5. Religion | n |
| Male Fema | | |
| | · | |
| 6. Marital Status (If married na Married Unmarried | | use 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 | | c). Bitti State/C1 |
| | | <u>.</u> |
| d). Nationality | e). Mot | ther Tongue |
| | | |
| | | |
| 0 4 (01/07/0004) | W d | D |
| f). Age as on date $(31/07/2024)$ | : YearMonths | Days |
| 8. a). Domicile b). Blood | d group c). Identification N | Marks |
| 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2 | | |
| | | |
| 9. Whether belongs to: | | |
| GG GT ODG ODG (M | CI) IC : DIVIDIO | |
| SC ST OBC OBC (N | CL) Minority PWBMD | General |
| 10. Languages Known: | | |
| Language | Read Write | Speak |
| | | • |
| | | |
| | | |

| 11 | l. | Aca | .dem | iic/ | Pro | fess | sion | al (| Qu | ali | fica | tior | ıs: |
|----|----|-----|------|------|-----|------|------|------|----|-----|------|------|-----|
| | | | | | | | | | | | | | |

| Sr. | Name of | | Year of | Univ/Board | Subjects | Marks | % of |
|--------------|---------------|-----------|-------------|-------------------|---------------------|-----------------|---------|
| No. | Examination | n | Passing | | | obtained | marks |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| . F | Highest quali | fication | acquired in | Hindi: | | | |
| | - | | - | | | | |
| . E | Experience as | s on 31.0 | 7.2024 (Ple | ease give details | thereof, use separ | ate sheet if re | quired) |
| Organization | | Period | | Designation & | Scale of Pay/ Gross | | |
| | | | | - Descr | iption of Duties | Salary | |
| | | Froi | m | To Descri | ption of Duties | Salary | |
| | - | Froi | m | To Descri | prior of Buttes | Salary | |
| | | Froi | m | То | prior of Daties | Salary | |
| | | Froi | m | То | priori of Duries | Sulary | |
| | | Froi | m | To Besch | priori of Duries | Surary | |
| | | | | To Besch | priori of Duries | Salary | |
| | Corresponder | | | To Besch | priori of Duties | Salary | |
| | | | | To Besch | priori of Duties | Sarary | |
| | | | | To Besch | priori of Duties | | |
| | | | | | PIN | | |

- 17. PAN:
- 18 Aadhar No.:
- 19. Guardian/Emergency Contact No.:
- 20. Contact Mobile No.:

16. Permanent Address:

- 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