WAPCOS LTD. **BIO DATA**

File No. 5/223/UP-Bhr-Od-INFRA-II-Exp Date: 06.03.2024

Affix Your Recent Passport Size Colour Photograph

Post applied for	on fixed te	rm appointment basi	s for work relating to ongoing
projects in Uttar Pradesh, Biha			
1 N 60 111 /	1 11 34 . 1 1	e e e	C' ()
1. Name of Candidate (as red	corded in Matricular	tion or equivalent certi	ficate)
2. Father's Name (as recorded	d in Matriculation o	r equivalent certificate	
3. Mother's Name (as recorde	ed in Matriculation	or equivalent certificat	e)
4. Sex		5. Religion	
Male Fema	ale	3. Kengion	
	,		
6. Marital Status (If married n		(Spouse Na	me & Nationality)
Married Unmarrie	od		
7. a). Date of Birth	b). Birth Place/l	District	e). Birth State/UT
D D M M Y Y Y	Y		,
D. N) N. d. T.	
d). Nationality		e). Mother To	ngue
f). Age as on date (29/02/2024): Year	Months 1	Days
8. a). Domicile b). Bloo	d group c).	Identification Marks	
9. Whether belongs to:			
SC ST OBC OBC (N	ICL) Minority	PWBMD	General
10. Languages Known:			
Language	Read	Write	Speak
			•

11	l.	Aca	den	iic/	Pro	fess	sion	al (Qu	alif	ica	tion	s:

Sr.	Name of		Year o		Univ/H	3oard	Subjects	Marks	% of		
No.	Examinati	on	Passin	g				obtained	marks		
2. I	Highest qual	ification	acquire	d in F	Hindi:						
	-		_	u III I							
3. 1	Training rece	eived if a	ıny:								
4. E	Evnerience e	c on 20 (2024	(Dlag	ca civa	detaile	thereof, use sepa	rate cheet if re	anirad)		
. +, 1	experience a	S OH 29.0	12.2024	(1 Ica	se give	uctans	ilicicoi, use sepa	nate sheet if fe	quireu)		
Orga	nization	Period				Designation &		Scale of Pa	Scale of Pay/ Gross		
U		From To			7.0		otion of Duties		Salary		
		FIO	III	1	0						
5. (Corresponde	nce Add	ress:								
						P	IN	Phone			
								1 110110	· · · · · · · · · · · · · · · · · · ·		

- 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