WAPCOS LTD. BIO DATA

File No. 5/224/ INFS-III-Haryana-Exp Date:19.08.2024

Affix Your Recent Passport Size Colour Photograph

Post applied forimplementation of RDSS in UHBVI			basis for work	relating to	"PMA for
1. Name of Candidate (as record	ded in Matriculat	ion or equivale	ent certificate)		
2. Father's Name (as recorded in	n Matriculation or	r equivalent ce	rtificate)		
3. Mother's Name (as recorded i	n Matriculation (or equivalent co	ertificate)		
4. Sex Male Female		5. Religio	on		
6. Marital Status (If married nam Married Unmarried	ne of spouse)				
7. a). Date of Birth D D M M Y Y Y Y	b). Birth Place/I	District	c). Birth	State/UT	
d). Nationality		e). Mo	other Tongue		
f). Age as on date (31/07/2024):	Year	Months	Days		
8. a). Domicile b). Blood g	group c).	Identification 1	Marks		
9. Whether belongs to:	l				
SC ST OBC OBC (NCI	L) 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 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