## WAPCOS LTD. BIO DATA File No. 5/224/Envt-Panc

File No. 5/224/Envt-Panchkula-Exp Date:03.10.2024

Affix Your Recent Passport Size Colour Photograph

					otograpn
Post applied for			is for work r	elating to '	'PMA for
implementation of RDSS in UHBV	VNL in the state of	Haryana".			
1. Name of Candidate (as reco	orded in Matriculat	ion or equivalent	certificate)		
2. Father's Name (as recorded in	in Matriculation or	equivalent certif	icate)		
3. Mother's Name (as recorded	in Matriculation of	or equivalent certi	ficate)		
4. Sex	1	5. Religion			
Male Female	e				
6. Marital Status (If married nar		(Spous	e Name & Na	tionality)	
Married Unmarried					
7. a ). Date of Birth  D D M M Y Y Y Y	b). Birth Place/I	District	c). Birth S	State/UT	
d). Nationality		e). Mothe	r Tongue		
f). Age as on date (30/09/2024):	Year	Months	Days		
8. a). Domicile b). Blood	group c).	Identification Ma	rks		
9. Whether belongs to:					
SC ST OBC OBC (NC	CL) Minority	PWBMD		General	
Se   SI   OBC   OBC (NC	(2L)   Willionty	T W BIVIE		General	
10. Languages Known:					
Language	Read	Write	Speak		

Sr. No.	Name of Examination		Year of Passing		Univ/Board		Subjects	obtained	% of marks	
2.	Highest qua	lification	acquir	ed in I	Hindi:_					
3.	Training rec	eived if a	ıny:							
	_		-				thereof, use sepa		anired)	
					.50 51 70					
Organization		Period			Designation & Description of Duties			Scale of Pay/ Gross Salary		
		From		То		Description of Duties		Salar y		
_	G 1									
5	Corresponde	ence Add	ress:							
						P	IN	Phone		
5.	Permanent A	Address:								
<i>)</i> .	1 Cilianent 1	iddiess.								
							ND 1			
						<u> </u>	PIN	Phone	<u></u>	
7.	PAN:									
8	Aadhar No.									
9.	Guardian/E		Conta	ct No.	:					
0.	Contact Mo	bile No.:								
1.	Valid E.Ma	i1 ID:								

Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

22. Passport No.:

23. Any other information:

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