WAPCOS LTD. BIO DATA

7. Category (as applicable)

OBC

OBC(NCL)

General PWD%

Minority(Christian/Muslim/Sikh)

SC

Affix Your Recent Passport Size Colour Photograph

I.Name of Car	ndidate	e (as	s re	cor	dec	l in	Ma	atric	ula	tio	n o	r ec	quiv	ale	ent o	cer	tific	ate)							
First Name									N	Mid	ldle	Na	ame	;							L	ast	Na	me		
2. Father's Nar	ne (as	rec	ord	led	in I	Mat	rici	ulati	on	or	equ	iiva	alen	t ce	erti	fica	ıte)									
First Name									N	Mid	ldle	Na	ame	;							L	ast	Na	me		
]									<u> </u>	1	1				<u> </u>]				
3. Mother's Na	me (a	s rec	cor	ded	l in	Ma	ıtric	culat	ior	1 01	r eq	uiv	ale	nt o	cert	ific	ate)								
First Name									N	Mid	ldle	Na	ame	•							L	ast	Na	me		
I. Gender (please. 5. Marital State			rie	Ma d na		e of		Fem ouse)																
Married		\top				nm								N	Jam	ne c	of S	ทดเ	ıse							
		+																F								
6. a). Date	e of bi	rth:																								
Doto					N	Ion	th									•	Yea	ır			1					
Date																										
Date																										
b). Age	;																									

8. Educational Qualification

SL. No.	Name of	Year of	Univ./Board	Subjects	Marks	%of
	Examination	Passing			obtained	marks

9. Technical Qualifications:

SL.	Name of	Year of	Univ./Board	Subjects	Marks	% of marks or
No.	Examination	Passing			obtained	CGPA

- 10. Highest qualification in Hindi:
- 11. Training received if any:
- 12. Experience (Please give details thereof, use separate sheet if required)

Organization	Period	Designation & Description of Duties	Scale of Pay/Gross Salary

		I	PIN
4. Permanent Home Address	:		
			PIN
6. Contact Landline Phone N	o.(With STD Code)		
STD Code	Phone No.		
5. Mobile No.			
6. Mobile No.			
	Lit clearly)		
6. Mobile No	l it clearly)		
	l it clearly)		

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

I solemnly declare that I have read all terms and conditions of advertisement and 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