WAPCOS LTD. BIO DATA

File No. 5/845/2023/POWER-BBSR/Gurgaon Date:18.10.2023

Affix Your Recent Passport Size Colour Photograph

Post applied for for work relating to Project Management Agency for the Transmission & Distribution Project in Odisha (Ref: Times of India, Navbharat Times, Maharashtra Times & Samaja -18.10.2023)																										
1.	1. Name of Candidate (as recorded in Matriculation or equivalent certificate)																									
																							-			
2.	Fatl	ner's	Nan	ne (a	s re	core	led	in l	Mat	ricu	latio	n c	r ec	quiv	aler	it ce	ertif	icat	e)							
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3.	Mo	ther'	s Na	me (as r	ecoı	ded	l in	Ma	tricu	ılati	on	or e	qui	vale	nt c	erti	fica	ite)			i	ı		1	
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4.	Sex													5.	Re	ligio	on									
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7. a	ı). D	ate o	of Bi	rth				1	b). I	3irth	Pla	ce/	Dis	trict	t				c).	Birt	h S	tate	/UT			
D	D	M	M	Y	Y	Y	Y																			
d). l	Natio	nali	ty											e	e).	Mo	othe	er T	ong	ue						
f).	Age	as o	n dat	e (0	1/07	7/20	23):	Y	ear_				Mo	onth	.s				Day	ys						
8.	f). Age as on date (01/07/2023): Year Months Days 8. a). Domicile b). Blood group c). Identification Marks																									
9.	Whe	ether	belo	ngs	to:																					
<u> </u>	9. Whether belongs to:																									
SC		ST	0	BC	О	BC	(NC	CL)	1	Min	orit	y	P	WB	ME)						Ge	nera	al		
10.	La	ngua	ges I	Knov	wn:																					
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11.	Academic	/Profe	ssion	al () ual	lific	cations	3:
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Sr.	Name of	Year	_	v/Board	Subjects	Marks	% of	
No.	Examinati	on Passii	ng			obtained	marks	
	-	ification acquireived if any:						
4. I	Experience a	as on 01.07.202	3 (Please giv	ve details	thereof, use separ	ate sheet if re	quired)	
Organization		Peri	od	Design	nation &	Scale of Pay/ Gross		
		From	To	Descri	ption of Duties	Salary		

<u> 13.</u>	Correspondence Address.		
	_		
		PIN	Phone
16.	Permanent Address:		
		PIN	Phone

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

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