WAPCOS LTD. BIO DATA

Affix Your Recent Passport Size Colour Photograph

Ref: 5/28/2019/Infra-Patna

Post applied for: Water Supply Expert (JLE) for Package-I/Package-II

1. Name of Candidate (as recorded in Matri						atri	cula	tion	or	equ	ival	ent	cert	tific	ate))											
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2. Father's Name (as recorded in Matriculation or equivalent certificate)																											
2.	Fat	ther	´s N	lam	e (a	s re	corc	led	ın N	Vlati	ncu	lati	on o	r ec	lu1V	alei	nt ce	ertit	ıcat	e)					1		
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3. Mother's Name (as recorded in Matriculat					ion	or e	qui	vale	ent c	erti	fica	te)		,													
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4.	Sex	(5.	Re	ligi	on									
M	ale						Fe	mal	le																		
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6.	Ma	rita	l St	atus	(If	mar	ried	l na	me	of s	pou	ise)					(Sp	ous	e N	ame	&	Nat	ion	ality	<i>y</i>)		
	6. Marital Status (If married name of spouse) Married Unmarried										\~ F																
7 4	(a). Date of Birth b). Birth Place/District c). Birth State/UT																										
7. a). Date of Birth b). Birth Place/District c). Birth State/UT																											
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47]	d). Nationality e). Mother Tongue																										
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f). Age as on date (31/05/2019): Year Months Days																											
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8. a). Domicile b). Blood group c). Identification Marks																											
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	11.	Academic/Professional	Qualifications
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Sr.	Name of	Year of	Univ/Board	Subjects	Marks	% of
No.	Examination	Passing		-	obtained	marks
<u> </u>	I .	Г			Г	

12.	Highest qualification acquired in Hindi:	
13.	Training received if any:	

14. Experience (Please give details thereof, use separate sheet if required)

Organization	Peri	od	Designation &	Scale of Pay/ Gross		
	From	То	Description of Duties	Salary		

<u>15.</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 Email 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