WAPCOS LTD.
BIO DATA
File No. 5/831/2022/INFS/Gurgaon
Date: 01.11.2022

Affix Your Recent Passport Size Colour Photograph

Post applied for Field Supervisor on contract basis for work relating to Consultancy Services for assisting and supporting in Project Management to MVVNL, Lucknow and KESCO, Kanpur under "Revamped Reforms-Linked Results-Based Distribution Sector Scheme, Uttar Pradesh (Ref: All India Edition of Indian Express & Jansatta - 01.11.2022)

1. Name of Candidate (as recorded in Matriculation or equivalent certificate)

2. Father's Name (as recorded in Matriculation or equivalent certificate)

3. Mother's Name (as recorded in Matriculation or equivalent certificate)

4. Sex

Male		Female	

5. Religion

6. Marital Status (If married name of spouse) (Spouse Name & Nationality)

Married		Unmarried		

7. a). Date of Birth b). Birth Place/District c). Birth State/UT

D	D	M	M	Y	Y	Y	Y		

d). Nationality e). Mother Tongue

f). Age as on date (30/09/2022): Year_____ Months _____ Days_____

8. a). Domicile b). Blood group c). Identification Marks

9. Whether belongs to:

SC	ST	OBC	OBC (NCL)	Minority	PWBMD		General

10. Languages Known:

Language	Read	Write	Speak

11. Academic/Professional Qualifications:

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

12. Highest qualification acquired in Hindi:_____

13. Training received if any: _____

14. Experience as on 30.09.2022 (Please give details thereof, use separate sheet if required)

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

15. 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**