## WAPCOS LTD. CV Format

Affix Your Recent Passport Size Colour Photograph

Post Applied: Manager (Finance) NO.WAP/5/805/2019-2020/Pers./BBSR

1.	N	ame	of	Caı	ndid	late	(as	reco	orde	d ir	ı M	atri	cula	tior	or	equ	iva	lent	cer	tific	ate	)					
3.	Fat	her	's N	Vam	e (a	s re	cor	ded	in l	Mat	ricu	lati	on (	or ed	quiv	ale	nt c	erti	ica	te)				ı	1		
4. Mother's Name (as recorded in Matriculation or equivalent certificate)																											
	<u>.                                    </u>			<u> </u>	l .		<u> </u>					l	l	l .											<u> </u>		
5.																											
IV	ale						Fe	ema.	le																		
	Ma		St	atus	(If	ma					spoi	ıse)			1		(Sp	ous	se N	amo	e &	Nat	tion	alit	y)		_
M	arrie	ed					Uı	nma	rrie	d																	
7.	7. a). Date of Birth:  b). Birth Place/District:  c). Birth State/UT:																										
I		)	Μ	M	Υ	7	Y	Y	Y																		
d).	Na	tion	alit	y:										e).	M	oth	er T	ong	gue:								
f).	Age	e as	on	date	e (i.e	e. 0	1/0	4/ 2	020	):Ye	ears				_ 1	Mor	nths				I	Day	s				_
8.	a).	Do	mic	cile			b)	. Bl	ood	Gro	oup			c). Identification Marks													
																											<u>_</u>
9.	Wh	eth	er b	elo	ngs	to:								1				1									
S	SC ST OBC OBC (NCL				L)	N	Minority PWB			BM	BMD (%) General																
						•			1									1				. /					
10.	La	angı	iag	es K	Cnov	wn:																					
Language Read								V	Write Speak																		
_								1												+							
-														+						+							

11.	Academ	ic/Pro	ofessio	onal (	Qualifi	cations:
-----	--------	--------	---------	--------	---------	----------

Sr. No.	Name of Examination	on Year Pass		iv/Board	Subjects	Marks obtained	% of marks			
3. T	Training rece	eived if any _								
4. E	Experience a	s on 1.4.2020	(Please give	e details th	ereof, use separa	te sheet if requ	iired)			
Orga	nization	Pe	riod		nation & ption of Duties		Scale of Pay/ Gross Salary			
		From	То			,				
5. (	Corresponde	nce Address:								
					PIN	Phone				
6. P	Permanent H	ome Address	:							

- 17. PAN No.:
- 18 Aadhar Card No.:
- 19. Guardian/Emergency Contact No.:
- 20. Contact Mobile No.:
- 21. Valid E.Mail ID:
- 22. Passport No.:
- 23. Voter ID No.

## 24. 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 even after my appointment, I shall be liable to be dismissed from service.

PIN.....Phone....

**Date** Signature