## WAPCOS LTD. BIO DATA

File No. 5/224/INFS-III-Raipur-Exp Date:13.06.2025

Affix Your Recent Passport Size Colour Photograph

Post applied for on fixed term appointment basis for work relating to "Pre-	
of DPRs and to function as PMC for the implementation of the Used Water Managemen	
projects under SBM 2.0 and allied infrastructure for State Urban Development Agency (State Urb	UDA) ın
Chhattisgarh".	
Name of Candidate (as recorded in Matriculation or equivalent certificate)	
2. Father's Name (as recorded in Matriculation or equivalent certificate)	
2. I while s turne (as recorded in Water canation of equivarent certaincate)	
2 Mother's Name (as recorded in Matriculation or equivalent cartificate)	
3. Mother's Name (as recorded in Matriculation or equivalent certificate)	
4. Sex 5. Religion	
Titule   Tellime	
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) Nationalities	
d). Nationality e). Mother Tongue	
f). Age as on date (01/03/2025): Year Months Days	
8. a). Domicile b). Blood group c). Identification Marks	
o. u). Bolimone o). Blood group e). Identification frames	
9. Whether belongs to:	
SC ST OBC OBC (NCL) Minority PWBMD General	
10. Languages Known:	
Language Read Write Speak	

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Sr.	Name of		Year of		Jniv/Board	Subjects	Marks	% of		
No.	Examinati	on	Passing	5			obtained	marks		
2. I	Highest qual	ification	acquire	d in Hir	ndi:					
	-		-	G 111 1111	iui					
3. 1	Training rece	eived if a	ıny:							
4. E	Evnerience a	c on 01 (	3 2025	(Dlasca	give details	thereof, use sepa	rate cheet if re	anirad)		
. <del></del>	experience a	S 011 01.0	13.2023	(1 lease	give details	mercor, use sepa	rate sheet if re	quireu)		
Orga	nization		Perio	d	Design	ation &	Scale of Pa	Scale of Pay/ Gross		
U						ption of Duties	Salary			
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5. (	Corresponde	nce Add	ress:							
					p	'IN	Phone			
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- 17. PAN:
- 18 Aadhar No.:
- 19. Guardian/Emergency Contact No.:
- 20. Contact Mobile No.:

16. Permanent Address:

- 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.

Phone.....

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