WAPCOS LTD. **BIO DATA** 

File No. 5/224/CD-Ladakh -Exp Date: 18.07.2025

Affix Your Recent Passport Size Colour Photograph

Post applied for Project Management Ag Development Department Scheme (RDSS)".	gency (PMA)	) for Dist	ribution In	frastructu	re work	s of I	Ladak	h Powe	
1. Name of Candidate (as	recorded in M	<b>I</b> atriculation	n or equival	ent certifica	ate)				
2. Father's Name (as rec	corded in Mat	riculation o	r equivalent	certificate	)		1 1		
3. Mother's Name (as re	acorded in Ma	triculation.	or aquivalar	at cortificat	2)				
5. Wother s Name (as re	corded in Ma	triculation	or equivaler	ii certificati					
4. Sex 5. Religion Female									
6. Marital Status (If mar Married Unr	ried name of s	spouse)	(	Spouse Na	me & Na	tionalit	ty)		
7. a ). Date of Birth  D D M M Y Y		Birth Place/	District	С	). Birth S	State/U	Γ		
d). Nationality			e).	Mother To	ngue				
f). Age as on date (30/06)	/2025): Year_		Months	I	Days		_		
8. a). Domicile b).	Blood group	c).	Identification	on Marks					
O. Whathanhalanas ta									
9. Whether belongs to:									
SC ST OBC OI	BC (NCL)	Minority	PWBMD			Gener	al		
10. Languages Known:									
Language	Read		Write		Speak				
	1				1				

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Sr.	Name of	Ye	ear of	Univ/l	Board	Subjects	Marks	% of		
No.	Examination	on Pa	ssing				obtained	marks		
2. I	Highest quali	fication acc	quired in	Hindi:						
2 7	rainina maaa	ivad if any								
3. 7	Training rece	ived if any								
4. I	Experience as	on 30.06.2	2025 (Ple	ease give	details	thereof, use sepa	rate sheet if re	equired)		
	1		`			, 1		1 /		
Orga	nization	Period			Designation & Description of Duties		Scale of Pa	Scale of Pay/ Gross		
	_	From	То				Salary			
		110111		10						
5. (	Corresponder	nce Address	s:							
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- 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