WAPCOS LTD. BIO DATA File No. 5/223/CD-Ladakh -Exp Date:05.04.2024

Affix Your Recent Passport Size Colour Photograph

Post applied for on fixed term appointment basis for work relating to "Project Management Agency (PMA) for Distribution Infrastructure works of Ladakh Power Development Department under Revamped Reforms-Linked Results-Based Distribution Sector Scheme (RDSS)										
1. Name of Candidate (as rec	corded in Matriculat	ion or equivalent certif	icate)							
2. Father's Name (as recorded	l in Matriculation o	equivalent certificate)								
3. Mother's Name (as recorded)	d in Matriculation of	or equivalent certificate								
4. Sex Male 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 Y										
d). Nationality e). Mother Tongue										
f). Age as on date (31/03/2024): Year Months Days										
8. a). Domicile b). Blood group c). Identification Marks										
9. Whether belongs to: SC ST OBC OBC (N	CL) Minority	PWBMD	General							
10. Languages Known: Language Read Write Speak										

 11.	Academic/P	rofessional Qu	ıalifica	tions						
11.	Academic/1	ioressionar Qu	iamma	tions.						
Sr. Name of No. Examination		on Year Pass		Univ/Board		Subjects	Marks obtained	% of marks		
12.	Highest qual	lification acqu	ired in	Hindi:						
	-	-								
	_	eived if any: _								
14.	Experience a	as on 31.03.20	24 (Ple	ase give de	tails	thereof, use sepa	arate sheet if re	quired)		
Organization Fr		Pe	Period om To		Designation & Description of Duties		Scale of Pa	Scale of Pay/ Gross Salary		
		From								
15.	Corresponde	ence Address:								
						ND 1	DI			
					P	PIN	Phone			
16.	Permanent A	Address:								
101		1441455.								
						PIN	Phone			
17.	PAN:									
	Aadhar No.:									
	Contact Mo									
21.	Valid E.Mai	1 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