Affix Your Recent Passport Size Colour Photograph

Post applied for: Jr. Assistant (Admin)

Ref WAP/5/799/2019/Hyderabad						
1. Name of Candidate (as rec	orded in Matricula	tion or equivalent cer	tificate)			
2. Father's Name (as recorded	l in Matriculation o	r equivalent certificat	e)			
3. Mother's Name (as recorde	d in Matriculation	or equivalent certifica	ate)			
4 Sov		5. Religion				
4. Sex Male Female		5. Religion				
6. Marital Status (If married na		(Spouse N	ame & Nationality)			
Married Unmarri	ed					
7. a). Date of Birth	b). Birth Place/	District	c). Birth State/UT			
D D M M Y Y Y						
d). Nationality		e). Mother	Tongue			
f). Age as on date (01/10/20	19): Year	Months	Days			
8. a). Domicile b). Blood		c). Identification M				
8. a). Domiche b). Blood group c). Identification Warks						
9. Whether belongs to:						
SC ST OBC OBC (N	CL) Minority	P.H (%) (OH/VH/I	HH) General			
10. Languages Known:						
Language	Read	Write Speak				

11.	Academic	/Profes	ssion	al ()ua	lifi	cations:
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INIO	Name of Examination	Year of Passing	Univ./Board	Subjects	Marks obtained	% of Marks/CGPA		
No.	Examination	rassing			Obtained	Walks/COFA		
2. I	Highest qualificat	tion acquired in	Hindi:					
3.	Training received	if anv:						
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	attach copy of exp			thereor, use separ	ate sheet ii ie	equired). Flease		
		•						
Orga	anization	Period		Designation & Description of Duties		Scale of Pay/ Gross		
		From	To Description of Duties		Salary			
<u>Γotal</u>	Exp:	<u>'</u>						
	Exp:	1						
	Exp:	Address:						
		Address:						
		Address:						
		Address:	P	IN	Phone			
		Address:	P	IN	Phone			
15. (P	IN	Phone			
15. (Correspondence A		P	IN	Phone			
15. (Correspondence A		P	IN	Phone			

17.	PAN:
_ , .	

- 18 Aadhar No.:
- 19. Guardian/Emergency Contact No.:
- 20. Contact Mobile No.:
- 21. Valid Email ID:
- 22. Passport No.:

24. Any other information:

Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

PIN..... 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