Affix Your Recent Passport Size Colour Photograph

Post applied for Geoph	nysicist										
No. WAP/5/804/2020/Pers	s.										
1. Name of Candidate	(as recorded	in Matriculat	tion or eq	quivalen	t certifi	icate)		T			
2. Father's Name (as re	corded in Ma	atriculation o	r equival	ent certi	ficate)						
3. Mother's Name (as recorded in Matriculation or equivalent certificate)											
4 S			- _) - 1° - ° - · ·	1 1						
4. Sex Male	Female		5. R	Religion							
6. Marital Status (If married name of spouse) (Spouse Name & Nationality)											
	married	spousey		(Брои		10 00 110	itronia	irty)			
7. a). Date of Birth b). Birth Place/District c). Birth State/UT											
D D M M Y Y Y Y											
d). Nationality e). Mother Tongue											
f). Age as on date (01/09/2020): YearMonths Days											
8. a). Domicile b). B	lood group		c). Identi	ification	Marks	S					
9. Whether belongs to:											
	3.6					Comment.					
SC ST OBC O	Minority	P.H (%) (OH/VH/HH) General									
10. Languages Known:											
Language	Read		Write			Speak					

	11.	Academic/Professional	(Dual	lifi	icat	ion	ıs
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Sr. No.	Name of Examinati	on	Year of Passing		Jniv./Board	Subjects	Marks obtained	% of Marks/CGPA
	Highest qual		•		·			
	Fraining reco		•					
14. I	Experience (Please gi	ve deta	ils there	of, use sepa	rate sheet if requ	ired) as on 01.0	09.2020
Orga	nization		Period			nation &	Scale of P	ay/ Gross
		Fro	m	To	Descri	iption of Duties	Salary	
Total	Exp							
15. (Corresponde	nce Add	ress:					
					I	PIN	Phone	
16. I	Permanent A	ddress:						
						PIN	Phone	
17.	PAN:							
18	Aadhar No.:							
19	Guardian/Er	nergency	Contac	et No ·				

- 20. Contact Mobile No.:
- 21. Valid Email ID:
- 22. Passport No.:
- Gurugram, amount of Rs from......Bank.
- 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 after my appointment, I shall be liable to be dismissed from service.

Date Signature