## Criteria INFS III Division

Review and update/ revise the entire water supply CPHEEO Manual					
Expert	No.	Location	Qualification	Minimum Experience	Broad Scope of Work
Water Supply Expert cum Professional Technical Editor	3	Gurugram / Delhi	Essential: Post Graduate in Environmental/ Public Health Engineering Desirable: Doctorate	10-years of experience in professional writing, and editing of documents in the Water Supply Sector. Preferably have experience in publishing Government documents, research papers, Guidelines, and manuals. Also, well versed in copyright and trademark laws.	Review, check plagiarism and edit the technical document i.e., draft Chapters of Water Supply and Treatment Manual under revision by CPHEEO for publication.

Bio Data to be duly filled & send to (Email - wapcos.rud@gmail.com)
Contact No. 8527991880 for any queries

WAPCOS LTD.							
BIO DATA	Affix Your						
	Recent						
	Passport						
	Size Colour						
	Photograph						
Ref: - 5/28/2022/Pers./CMU-II							
Post Applied: Team Leader Architect Planner Resident Engineer Mechanical Assistant Resident Engineer (Electrical) Field Engineer (Civil) Field Engineer (Electrical) Assistant Resident Engineer (Civil) Field Engineer (Electrical) Matriculation or equivalent certificate)							
Father's Name (as recorded in Matriculation or equivalent certificate)							
3 Mother's Name (as recorded in Matriculation or equivalent certificate)							
3 Mother's Name (as recorded in Matriculation or equivalent certificate)							

4. Sex 6. Religion

Male	Fei	male					
5. Marital Statu Married		name of	spouse)	(Spo	ouse Name	& Natio	nality)
6. a). Date of B	irth:	b).	Birth Place	/District:	c).	Birth S	tate/UT:
D D M M	I Y Y	YY					
d). Nationality: e). Mother Tongue:							
f). Age as on date (i.e.01/05/2022):YearsMonthsDays							
7. a). Domicile	b). Blood	d Group	C	c). Identification	n Marks		
8. Whether belo	ongs to:						
SC ST	OBC	C OF	BC (NCL)	Minority	PWD&N	M (%)	General
Language  0. Academic/P	Professional (	Read	ions:	Write	Sı	oeak	
Sr. Name of No. Examinat		ear of assing	Univ/Boar	d Subjects		arks otained	% of marks
12. Training rec	eived if any			eparate sheet if			
Organization Period From To		Designation & Description of Duties			Scale of Pay/ Gross Salary		

Years\_

**Total Experience as on date** 

\_Days\_

\_Months\_

(i.e.	.01/05/2022):		
14.	Correspondence Address:		
		PIN	Phone
15.	Permanent Home Address:		
		PIN	Phone
16.	PAN No.:		
17	Aadhar Card No.:		
18.	Guardian/Emergency Contact No.:		
19.	Contact Mobile No.:		
20.	Valid E.Mail ID:		
21.	Passport No.:	_ Valid up to	
22.	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