

MADHYA PRADESH MADHYA KSHETRA VIDYUT VITARAN CO.Ltd.,

ADVERTISEMENT FOR RECRUITMENT IN THE CADRES OF

DY.General Manager (HR)/ DY.General Manager(Finance) DY.General Manager(IT)

For Office Use Only				
REG.No	DGM(HR)	DGM(FINANCE)	DGM(IT)	REG.DATE:

(Duly filled application may be sent through ordinary post only at prescribed address)

Please read the terms and conditions carefully and fill the Application Form in Capital Letters in Black Ball Point Pen only.

The Candidate should be an Indian National.

POST APPLIED FOR	WRITE:DGM(HR)/DGM(FINANCE)/DGM(IT)	Write one cadre only

1. CANDIDATE'S NAME (please keep one box blank between first name, middle name & surname)

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)
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2. FATHER'S NAME

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)
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3. GENDER (Tick in box - MALE / FEMALE) :

MALE
FEMALE

4. MARITAL STATUS

(TICK ✓ ONE OF THE BOXES)

SINGLE
MARRIED
WIDOW
DIVORCEE

5. SPOUSE NAME (IF MARRIED)

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6. NUMBER OF CHILDREN:

Last Child Date of Birth

Is Twins (YES/NO)

7. CATEGORY APPLYING IN Please () tick one Box):

UR
ST
SC
OBC

(SC/ST/OBC candidates of states other than Madhya Pradesh shall be considered against the Unreserved posts only. They should Tick UNRESERVED in the Category Field above.)

(for item nos. 8 to 11 WRITE "YES" OR "NO" IN THE BOX)

8. DOMICILE OF M.P.:

9. GREEN CARD HOLDER:

(On A/c of family planning of candidate only)

10. Ex Serviceman :

11. ELLIGIBLE FOR FEE EXEMPTION:SC/ST OF MP Domicile

12. DD DETAILS (Candidates should write Name , Post, Subject applied for and Complete Mailing

Address in capital letters, on the back side of the Demand Draft.)

NO.		Amount	In Rupees
Dated		Issuing Bank & Its Branch	

13. DATE OF BIRTH:

Day	Month	Year			

14. AGE AS ON 1.11.2011

Day	Month	Year

15. ADDRESS FOR COMMUNICATON (IN CAPITAL LETTERS)

Name :
 F/H Name :
 Address :
 :
 City/Town/Village: Distt:
 State : Pin Code :

Please affix one recent
 Photograph with
 attestation

16. CONTACT DETAILS

STD Code : _____ Ph. No _____
 Mobile No. _____
 Email ID _____

Signature of Candidate

17. CANDIDATE'S PERMANENT ADDRESS:

SAME AS ABOVE

Name :
 F/H Name :
 Address :
 :
 City/Town/Village: Distt:
 State : Pin Code :

18..Details of Qualifying Examination:

Exam Passed :

Discipline :

19 . STATUS OF ACADEMIC QUALIFICATION Name of Examination passed(from 12th onwards)	Year of Passing	Total Maximum Marks of the course	Total Marks obtained in all group/ years by the candidate	%age of Aggregate marks/ Grade obtained in final year/ final Examination	Institute / university
12th / intermediate, pre-university					
GRADUATION					
POST GRADUATION (Additional Qualification if any)					
OTHER (CA)					

20. EXPERIENCE DETAILS (Please indicate post qualification experience only):

(a)

POST	NAME OF ORGANIZATION	Nature of duties	Period	Salary (Rs. Per Month)

(b) In MPSEB/or its successor Companies/ MPPTCL/Central Govt./ State Govt

YES

NO

DECLARATION

I hereby declare that the above particulars are true in every respect and nothing has been concealed or withheld by me. If any information furnished above is found false at any time, my candidature/appointment may be cancelled without any notice and legal action may be taken accordingly.

ENCLOSURES: (PLEASE TICK (✓) THE ITEMS ATTACHED, IN THE BOX. ATTESTED COPIES OF SERIAL NO.1 TO 9)

- 1. M.P. DOMICILE CERTIFICATE 2. CERTIFICATE FOR PROOF OF DATE OF BIRTH
- 3. GREEN CARD CERTIFICATE (FAMILY PLANNING) 4. HANDICAPPED CERTIFICATE
- 5. MARK SHEET FOR ALL GROUP OF EXAM/YEARS 6. CASTE CERTIFICATE
(SC/ST/OBC)
- 7. DEMAND DRAFT 8. NOC OF EMPLOYER (IF APPLICABLE)
- 9. Date of Birth proof of third born child (if any) issued from competent authority.

PLACE:

DATE :

CANDIDATE'S SIGNATURE