

MP POWER MANAGEMENT COMPANY LIMITED

ADVERTISEMENT FOR RECRUITMENT TO THE POST OF DGM/CHARTERED ACCOUNTANT/MANAGEMENT EXECUTIVE/ PROGRAMMER ON CONTRACT BASIS IN M P POWER MANAGEMENT COMPANY LIMITED, JABALPUR
(REF. ADV. NO. CGM(HR&A)/VKS/792 dated 15.04.2015)

For Office Use Only			
REG No.		REG DATE	

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

POST APPLIED FOR (DGM/Chartered Accountant/ Management Executive/ Programmer)	
--	--

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

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)

2. FATHER'S NAME

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)

3. GENDER (write in box - MALE /FEMALE) :

4. CATEGORY (Gen/SC/ST/OBC)

(for item nos. 4 to 7 WRITE "YES" OR "NO" IN THE BOX)

5. DOMICILE OF M.P.:

6. GREEN CARD HOLDER :

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

7. HANDICAPPED :

8. WIDOW :

9. DATE OF BIRTH :

--	--	--	--	--	--	--	--

Day Month Year

10. AGE AS ON 15.05.2015

Year	Months	Days

11. DEMAND DRAFT DETAILS (Candidates should write Name , Post applied for and Complete Mailing Address in capital letters, on the back side of the Demand Draft.)

No.		Amount	Issuing Bank and its Branch
Dated		Rs. :	

12. ADDRESS FOR COMMUNICATON (IN CAPITAL LETTERS)

Name :

F/H Name:

Address :

City/Town/Village: Distt.:

State : Pin Code:

Email :

Please affix one recent
Photograph **without
attestation**

13. Contact Details

STD Code : Ph. No. Mobile No.

CANDIDATE'S SIGNATURE

14. MARITAL STATUS SINGLE MARRIED WIDOW DIVORCEE

(TICK ✓ ONE OF THE BOXES)

15. SPOUSE'S NAME (IF MARRIED)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

16. CANDIDATE'S PERMANENT ADDRESS :

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

17. NUMBER OF CHILDREN :
(If married)

18 . DETAILS OF ACADEMIC QUALIFICATION AT THE TIME OF FILLING THE FORM

Examination passed (from 12th onwards)	Year of Passing	Total Maximum Marks	Total Marks obtained	%age of Aggregate marks/ Grade obtained in final year/ final Examination		Institute / university
				Grd	%age	
12th / intermediate, pre university						
CA/ICWA						
MBA/PGDM /MCA						
Other qualification						

Note- The candidate who does not possess prescribed qualification need not apply.

19. EXPERIENCE DETAILS (IF ANY) Please indicate post qualification experience only:

Post	Organization	Nature of duties	Period	Salary (Rs. Per Month)	Whether in MPSEB/or its successor Companies/ Central Govt./ State Govt./PSU/ Private/Others

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 also be taken accordingly.

ENCLOSURES: (PLEASE TICK (✓) THE ITEMS ATTACHED, IN THE BOX.

- | | |
|---|--|
| 1. <input type="checkbox"/> M.P. DOMICILE CERTIFICATE | 2. <input type="checkbox"/> CERTIFICATE FOR PROOF OF DoB |
| 3. <input type="checkbox"/> GREEN CARD CERTIFICATE (FAMILY PLANNING) | 4. <input type="checkbox"/> HANDICAPPED CERTIFICATE |
| 5. <input type="checkbox"/> MARK SHEET FOR ALL GROUP OF EXAM. / YEARS | 6. <input type="checkbox"/> CASTE CERTIFICATE SC/ST/OBC (Non creamy) |
| 7. <input type="checkbox"/> DEMAND DRAFT FOR Rs. | 8. <input type="checkbox"/> NOC OF EMPLOYER (IF APPLICABLE). |
| 9. <input type="checkbox"/> Date of Birth proof of third born child if any issued from competent authority. | 10. <input type="checkbox"/> PHOTO IDENTITY PROOF |
| 11. <input type="checkbox"/> WORK EXPERIENCE CERTIFICATE | 12. <input type="checkbox"/> AFFIDEVIT/CERTIFICATE FROM COURT (In case of Widow/Divorcee lady) |

PLACE:

DATE :

(2)

CANDIDATE'S SIGNATURE