



ASSAM POWER GENERATION CORPORATION LIMITED

Registered Office: BijuleeBhawan, Paltanbazar, Guwahati-781 001, Assam

CIN:U40101AS2003SGC007239

Tel.No.: 0361-2739502, Fax No.03612739546/22

e-mail:apgcl_md@yahoo.com, Website: www.apgcl.org

APPLICATION FORM

(TO BE FILLED UP IN CAPITAL LETTERS)

Advt. No.....

Dated.....

Affix a copy of signed photograph here and attach a copy of the same photograph with the application

1. POST APPLIED FOR:

2. NAME OF THE CANDIDATE (SHRI/SMTI):

3. FATHER'S/HUSBAND'S NAME:

4. DATE OF BIRTH (DD/MM/YYYY):

(Date of Birth must be supported by an attested copy of certificate or admit card issued by Board/ Council of Secondary/ Higher Secondary Education)

5. AGE ON 01/02/2018:

6. NATIONALITY:

7. RELIGION:

8. STATE OF DOMICILE:

9. GENDER (Please indicate √): Male Female

10. ADDRESS FOR CORRESPONDENCE:

House No. / Street Name:

Village/ City:

District:

State:

Police Station:

Post Office:

PIN:

Mobile No:

E-mail:

11. PERMANENT ADDRESS:

House No. / Street Name:

Village/ City:

District:

State:

Police Station:

Post Office:

PIN:

Mobile No:

12. Caste/Category (Please indicate): SC ST OBC MOBC

(Attested Copy of Caste Certificate issued by Competent Authority must be enclosed with the application)

13. EDUCATIONAL QUALIFICATION:

Name of the Examination Passed	Duration of Course	Year of passing	Name of the Board/ University/ Institute	Class/Division	% of marks obtained
HSLC or Equivalent					
HSSLC or Equivalent					
Degree					
Any Other Qualification (Please Specify)					

(Attested copies of all relevant mark sheets must be enclosed with the Application)

14. POST QUALIFICATION EXPERIENCE, IF ANY (ANNEX EXTRA SHEET IF REQUIRED):

Name & Address of the organization/Employer	Post Held	Nature of Job	Experience		
			No. of years	From	To

15. PARTICULARS OF APPLICATION FEE:

Demand Draft No.:

Date:

Amount:

DECLARATION

I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature/appointment is liable to be cancelled.

Place:

Date:

Signature of the candidate