

APPLICATION FORMAT

ASSAM POWER DISTRIBUTION COMPANY LIMITED

(TO BE FILLED UP IN CAPITAL LETTERS)

Affix Self Attested Photograph

1. Name of the candidate :
2. Name of the post applied for :
3. Father's / Spouse's name :
4. Date of Birth (DD/MM/YYYY) :
5. Age on 1st September, 2017 :
6. Nationality :
7. Religion :
8. State of Domicile :

9. Whether belongs to physical disability
(Please tick \checkmark the correct box) :

Visually Impaired	Locomotor Disability	Hearing Impaired

10. Caste / Category (Please tick \checkmark the correct box) :

SC	ST	OBC	GEN

11. Gender (Please tick \checkmark the correct box) :

Male	Female

12. Address for Communication :
-
- District** :
- City / Village** :
- State** :
- Police Station** :
- Post Office** :
- Pin Code** :
- Phone** :
- E – Mail Id** :

13. Educational Qualification :

Sl. No.	Qualification	Name of the Institute	Board / University	% of marks Obtained	Class / Division	Year of Passing
1	Below Class X (Specify the class studied)					
2	HSLC / Class X					
3	HSSLC / Class XII					
4	BA/BSc/B Com/ BCA					
5	Other, if any					

14. Computer Diploma :

Name of Course	Name of the Institute	Duration	Month / Year

15. 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

16. Any other details (Annex extra sheet if required) :**DECLARATION**

I do 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

Note : Self attested copies in support of age, caste, PWD status, educational qualification, work experience etc. should be enclosed alongwith the application. Otherwise application may be rejected.