

ASSAM POWER GENERATION CORPORATION LIMITED
Registered Office: Bijulee Bhawan, Paltanbazar, Guwahati-781 001, Assam
CIN:U40101AS2003SGC007239

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

Web: www.apgcl.org, E-mail: md@apgcl.com

APPLICATION FORM

(All details to be filled in block letters)

AFFIX YOUR
RECENT PASSPORT
SIZE COLOUR
PHOTOGRAPH

Advertisement.No: _____

Dated: _____

Post Applied For: _____

| I. Personal Information | |
|---|--|
| Candidate's Name | |
| Father's Name: | |
| Mother's Name | |
| Gender (Male/Female) | |
| Caste (General/SC/ST/OBC) | |
| (Certified Copy of caste certificate issued by competent authority to be attached along with the application.) | |
| Date of Birth (dd/mm/yyyy) | |
| (Date of Birth must be supported by a certified copy of birth certificate or Class X or equivalent admit card) | |
| Age as on 31/10/2018 | |
| Nationality | |
| Domicile State | |
| Religion | |
| Marital Status | |
| Person with Disability (If any) | |
| Employee of APDCL/AEGCL/APGCL | |
| If Yes, Name of Organisation & Designation | |

| II. Permanent Address: | |
|-------------------------------|--|
| Address Line 1: | |
| Address Line 2: | |
| District | |
| State | |
| Police Station | |
| Post Office | |
| PIN code | |

| III. Correspondence Address: | |
|-------------------------------------|--|
| Address Line 1: | |
| Address Line 2: | |
| District | |
| State | |
| Police Station | |
| Post Office | |
| PIN code | |
| Contact No | |
| Email ID | |

| IV. Education Qualification: | | | | | |
|-------------------------------------|--------------------------------|----------------------------|-----------------|----------|---------------------|
| Sl No. | Name of the Examination Passed | Board/Institute/University | Year of Passing | Division | Percentage of Marks |
| | | | | | |
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(Certified Copies of all relevant marksheets must be enclosed with the application)

| V. Post Qualification Experience: | | | | | |
|---|------------------------------|----------------------------|-------------|------|----|
| Name and Address of Organisation/Employer | Post Held & Pay for the post | Job Description (in brief) | Experience | | |
| | | | No of Years | From | To |
| | | | | | |
| | | | | | |
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| | | | | | |
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| VI. Languages Known: | | | |
|----------------------|------|-------|-------|
| Language | Read | Write | Speak |
| | | | |
| | | | |
| | | | |

| VII. Particulars of Application Fee: | |
|--------------------------------------|-------|
| Demand Draft No: | Date: |
| Amount: | |

I hereby certify that all details/documents furnished by me are true to my knowledge and belief. Further, I understand that if any of the above particulars is found false, my candidature will be automatically rejected.

Place:

Date:

Signature of Candidate