APPLICATION FORM FOR THE POST OF DIRECTOR/GENERATION IN PSPCL

(Through Proper Channel, except candidates from the Private sector)

Sr.		Complete	Name	of the	Pay	у	Period	Reporti	ng D	oes it mee	t the
	(ii)	Postings he	ld during	the la	st 25	years:					
*Sh		pe exactly as p	er Degree	e/Certi	ficate i	issued b	y the University	/.			
						Full Time	Correspondence	Degree	Mandatory	Desirable	Other
Sr. No.	Q	ualification*	Name o Institution	on	Period of Study		Tick the relevant		Self-Declaration Whether meets the eligibility qualification requirement		
5.	(i)	Educational	/Professi	onal C	Qualifi	cation:					
4.	Date	e of Birth (DD	/MM/YY)	:							
	E-M	ail ID:									
3.	Tele	phone No. C	Office:			_ Resid	ence	Mc	bile No		
	(f)	Address for	commun	icatio	n:						
	(e)	Office Addre	ess:								
	(d)	Category as (Please Tick		•		atus:	Government	/Armed I			All
	(c)	Name of the	Compar	ny:							
	(b)	Designation	of the Ap	oplica	nt (in f	full):					
2.	(a)	Applicant's records Mr./		`	per	official					
1.	Nan	ne of the post	applied t	for:							

Sr. No.	Complete Designation & Place of posting*	Name of the Organization	Pay Scale**	Period	Reporting to Designation	Does it meet the mandatory experience requirement, with reason

^{*}Should be exactly as per specific office order issued by the CPSE/Ministry/SPSE/Employer **Private Sector-CTC/remuneration/emoluments drawn

NB: the positions should be indicated in order of the most recent assignments.

6.	(a)	Do you hold lien in any organization other where currently working if Yes: i) Name of the Organization in which the lien is held: ii) Date from which the lien is held:	Yes No
	(b)	Are you on deputation? If Yes:i) Name of parent Organization:ii) Date from which on deputation:	Yes No
7.	(a)	Whether any penalty/punishment was awarded to the applicant during his/her service: If yes, the details thereof: i) Civil/Criminal ii) Departmental Inquiry	Yes No
	(b)	Whether any Civil or Criminal action or inquiry is going on against the applicant as far as his/her knowledge goes. If yes, the details thereof: i) Civil/Criminal ii) Departmental Inquiry	Yes No

8. Gist of ACRs of last 10 years:

Year	Reporting Authority	Reviewing Authority	Accepting Authority

I certify that the details furnished by me in Columns 1 to 8 wherever applicable are true to the best of my knowledge & belief.

(Name & Signature of the Applicant)