## **MANIPUR STATE POWER COMPANY LIMITED**

## APPLICATION FORM FOR THE POST OF CONTROL ROOM ASSISTANT

7. Name the State to which you belong:- .....

8. Are you married? .....

| i)   | The furnishing of false information or suppression of any factual   |  |  |  |  |
|------|---|--|--|--|--|
|      | information in the application form would be a disqualification and is likely to render the candidate unfit for employment under Manipur State Power Company Limited (MSPCL).                         | Affix recent passport photograph duly selfattested (DO NOT STAPLE) |  |  |  |
| ii)  | If the fact that false information has been furnished or that there has been suppression of any factual information come to light, the candidature of the candidates would be liable to be cancelled. |  |  |  |  |
| iii) | This application form is not to be used for any other post other than that in connection with which it is applied.  |  |  |  |  |
| iv)  | All enclosures attached with the application should be self-attested.   |  |  |  |  |
| v)   | ) Appointments are to be made in Manipur State Power Company Limited only.  |  |  |  |  |
| 1.   | Name in full (in Block Capitals):-  |  |  |  |  |
| 2.   | <ul><li>(a) Have you at any stage added or dropped any part of your name or surname or changed your name? (YES/NO)</li><li>(b) If so, give particulars.</li></ul>                                     |  |  |  |  |
| 3.   | a) Postal address in full (in Block capitals) to which communications shou  | ıld be sent:   |  |  |  |
|      | b) Permanent Home Address in full:  |  |  |  |  |
| 4.   | Contact Number:- (i) (ii)   |  |  |  |  |
| 5.   | E-mail ID:-   |  |  |  |  |
| 6.   | Exact date of birth (in Christian era):(DD/MM/Y   | YYY)   |  |  |  |

(YES/NO)

| 9.   | Father's/Husband's Name:  |                        |                   |   |  |
|--|---|------------------------|-------------------|---|--|
| 10.  | <ul> <li>a) State if you are Scheduled Caste/Scheduled Tribe/OBC (Yes/No) If the answer is "Yes", give particulars and attach duly attested requisite support of your claim. b) And, state if you are a P.W.D.:</li></ul> |                        |                   |   |  |
| 11.  |   |                        |                   | iges) can read, writ<br>is your mother ton                    | e or speak? Give particulars gue.                      |
|  | Read only   | Speak only             | Read and<br>Speak | Read, Write<br>and Speak                                      | Examination(s) passed/standard of proficiency attained |
|  |   |                        |                   |   |  |
| 12. Give particulars of all examinations passed and technical qualifications obtained University or other places of higher or technical education of instruction (comm with Matriculation or equivalent examination). Attested copies of all certificates/dip and degrees obtained should be attached with the application and should authenticated by the candidate's full signature. |   |                        |                   | of instruction (commencing<br>es of all certificates/diplomas |  |
|  | Examination<br>Passed   | Percentage<br>of Marks | Year              | Subjects taken  | Name of<br>University/Board                            |
|  |   |                        |                   |   |  |
| 13   | . a) Are you a (  | Government se          | rvant?            | (Yes/No)  |  |

b) If 'Yes' whether you have intimated/informed your employer of your intention of

applying for this post. ..... (Yes/No)

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| 14. a) (i) Have you ever been dism | sed or compulsorily retired from service? (Ye | es/No |
|------------------------------------|---|-------|
|------------------------------------|---|-------|

- (ii) If 'Yes' give details.
- b) (i) Have you ever been debarred or disqualified by the Manipur State Power Company Limited from appearing at its examination or selection? (Yes/No)
  - (ii) If 'Yes' give details.

## 15.Details of two referees.

| Sl.No. | Name | Occupation or<br>Position | Address | Contact No. |
|--------|------|---------------------------|---------|-------------|
| 1.     |      |                           |         |             |
| 2.     |      |                           |         |             |

| SI.No.                         | Name  | Occupation or Position                | Address                | Contact No.        |
|--------------------------------|---|---------------------------------------|------------------------|--------------------|
|                                |   | 1 03111011                            |                        |                    |
| 1.                             |   |                                       |                        |                    |
| 2.                             |   |                                       |                        |                    |
| (i)<br>(ii)<br>(iii).<br>(iv). |   |                                       |                        |                    |
| (v)                            |   |                                       |                        |                    |
|                                | y declare that all state<br>est of my knowledge | ements made in this ap<br>and belief. | plication are true, co | mplete and correct |
|                                |   |                                       |                        |                    |
| Place:-                        |   |                                       | Signa                  | ture of Candidate  |
| Date:-                         |   |                                       |                        |                    |

