

(Duly filled application may be sent through **SPEED POST** only at prescribed address)

(REF. ADV. NO. CGM(HR)/ESTT/1184 dtd 02/06/2014)

For Office Use Only			
REG No.		REG DATE	

POST APPLIED FOR
(Chartered Accountant/
Management Executive)

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)

4. DOMICILE OF M.P.: 5. GREEN CARD HOLDER : (On A/c of family planning by candidate only)

11

11

Day	Month	Year			

Year Months Days

No.		Amount	Issuing Bank and its Branch
Dated		Rs. :	

Name :							
F/H Name:							
Address :							
City/Town/Village:	Distt.: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
State :	Pin Code: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Email :							

STD Code : Ph. No. Mobile No.

13. MARITAL STATUS SINGLE MARRIED WIDOW DIVORCEE

(TICK ✓ ONE OF THE BOXES)

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☐
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14. SPOUSE'S NAME (IF MARRIED)

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15. CANDIDATE'S PERMANENT ADDRESS :

Name :

F/H Name:

Address :

City/Town/Village:

Distt.:

State :

Pin Code:

Email :

16. NUMBER OF CHILDREN :

(If married)

17 . DETAILS OF ACADEMIC QUALIFICATION AT THE TIME OF FILLING THE FORM

Examination passed (from 12th onwards)	Year of Passing	Total Maximum Marks	Total Marks obtained	%age of Aggregate marks/ Grade obtained in final year/ final Examination		Institute / university
				Grd	%age	
12th / intermediate, pre university						
CA/ICWA						
MBA/PGDM						
Other qualification						

Note- The candidate who does not possess prescribed qualification need not apply.

20. EXPERIENCE DETAILS (IF ANY) Please indicate post qualification experience only:

Post	Organization	Nature of duties	Period	Salary (Rs. Per Month)	Whether in MPSEB/or its successor Companies/ Central Govt./ State Govt./PSU/ Private/Others

DECLARATION

I hereby declare that the above particulars are true in every respect and nothing has been concealed or withheld by me. If any information furnished above is found false at any time, my candidature/ appointment may be cancelled without any notice and legal action may also be taken accordingly.

ENCLOSURES: (PLEASE TICK (✓) THE ITEMS ATTACHED, IN THE BOX.

1. ☐ M.P. DOMICILE CERTIFICATE

2. ☐ CERTIFICATE FOR PROOF OF DoB

3. ☐ GREEN CARD CERTIFICATE (FAMILY PLANNING)

4. ☐ HANDICAPPED CERTIFICATE

5. ☐ MARK SHEET FOR ALL GROUP OF EXAM. / YEARS

6. ☐ CASTE CERTIFICATE SC/ST/OBC (Non creamy)

7. ☐ DEMAND DRAFT FOR Rs.

8. ☐ NOC OF EMPLOYER (IF APPLICABLE).

9. ☐ Date of Birth proof of third born child if any issued from competent authority.

PLACE:

DATE :

(2)

CANDIDATE'S SIGNATURE