

MADHYA PRADESH MADHYA KSHETRA VIDYUT VITARAN COMPANY LIMITED

(A GOVERNMENT OF M.P. UNDERTAKING) NISHTHA PARISAR, GOVINDPURA, BHOPAL (MP) 4620233

☎-2602033;2602034; 2678377 FAX:2589821

Website: www.mpcz.co.in CIN: U40109MP2002SGC015119 Email: md@mpcz.co.in

APPLICATION FORM FOR THE POST OF DIRECTOR (COMMERCIAL)

Latest
Passport
size
Photograph
to be affixed
here

Note : All fields are mandatory for a complete application form						
Personal Details						
Name:						
Employee Category :	Last Name	Middle Name or Undertaking/M.P. Power Utility	First Name			
Age & Date of Birth (DD/MM/YY)	—————	Gender				
Permanent (Full Address & Contact No. of Office):		Designation				
Date of Joining Service :		Years of Experience				
Phone Number:		Alternate Number				
Aadhar No. *(enclose the copy)						
Email ID:						

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_	ce in each organization/Con	npany separately (supported	by proof):		
1. Work Experience (starting from most recent)					
Name of	ng mom most recent)				
Company/Organization					
Years with the					
Company (working					
since)/Organization					
S.No. Position	Department	Position	Years		
1	Department	1 OSITION	1 cars		
1					
2					
3					
4					
others					
2.	-	-			
	1				
Name of					
Company/Organization					
Years with the					
Company (working					
since)/Organization					
S.No. Position	Department	Position	Years		
1					
2					
3					
4					
Others					
Present Pay Scale & Emolument :					

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Brief Summary of your work experience (maximum 200 words):						
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		orted by mark sheet/degree	uation, graduation, HSC &			
Year of Study	Degree	Name of the Institute	CG/ Percentage			
Tour or study	205100	Transcriber	C G/ 1 Creeninge			
*Note- enclose necessar Achievements	y documents wherever require	ed				
Why do you want to apply for this position? (maximum 200 words)						
Declaration						
I hereby declare that, the information furnished above is true to the best of my knowledge and belief. Further I hereby declare that no criminal cases/lokayukta case/Vigilance Case is pending/contemplated against me.						
Date : Place :			G:			
			Signature			