ASSAM ELECTRICITY GRID CORPORATION LIMITED



Regd. Office: 1st Floor, Bijulee Bhawan, Paltan Bazar, Guwahati-781001

Affix Self

CIN: U40101AS2003SGC007238

Phone: 0361-2739520 / Fax: 0361-2739513, Website : www.aegcl.co.in

(TO BE FILLED UP IN CAPITAL LETTERS)

1.	Name of the candi	date :				Attested
2.	Name of the post a	applied for :				Photograph
3.	Father's / husband	d's name :			'	
4.	Date of Birth (DD/N	MM/YYYY):				
5.	Age on 1st August	, 2017 :				
6.	Nationality :					
7.	Religion :					
8.	State of Domicile :	:				
9.	Whether belongs t	to physical disa	ability (Please √)	: Locomotor Disabili	ity Hearin	ng Impaired
10.	Caste / Category (Please $\sqrt{\ }$) :	SC S	T OBC GEN]	
11.	Gender (Please √):	Male Fem	ale		
12.	Address for Comn	nunication :				
District :						
	Police Station :					
	Post Office : Pin Code :					
13.	E – Mail ld : Educational Qualification :					
	Qualification	Duration of Course	Month & Year of Passing	Name of the Institute	Class / Division	% of marks Obtained

14. Post qualification experience, if any (Annex Extra sheet if required):

Name & Address of the	Post Held	Nature of Job	Experience		
organization / employer			No. of Years	From	То

15. Any other details	(Annex extra sheet if required)
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16.	Option to	take the	interview	(Please √	١:
10.	Option to	tane till	, IIIICI VIC VV	(I ICUSC V	, .

English	Hindi	Assamese
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DECLARATION

I do hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled.

Place:

Date : <u>Signature of the Candidate</u>

Note: Self attested copies in support of age, caste / category, educational qualification, work experience and physical disability etc. must be enclosed.