



ASSAM POWER GENERATION CORPORATION LIMITED

Registered Office: Bijulee Bhawan, Paltanbazar, Guwahati-781 001, Assam

CIN:U40101AS2003SGC007239

Tel.No.: 0361-2739502, Fax No.03612739546/22

e-mail:apgcl_md@yahoo.com, Website: www.apgcl.org

(TO BE FILLED UP IN CAPITAL LETTERS)

1. Name of the Candidate:
2. Name of the post applied for:
3. Father's/Husband's Name:
4. Date of Birth (dd/mm/yyyy):
5. Age on 31/07/2017:
6. Nationality:
7. Religion:
8. State of Domicile:
9. Whether belong to physical disability (Please √):

Affix Self
Attested
Photograph

Locomotor Disability	Hearing Impaired

10. Caste/Category (Please√):

SC	ST	OBC	GEN

11. Gender (Please √):

Male	Female

12. Address for Communications:

.....
.....
District:.....
City/Village.....
State:.....
Police Station:.....
Post Office:.....
PIN CODE.....
Phone:.....
E-mail:.....

13. Educational Qualification:

Qualification	Duration of Course	Month & Year of passing	Name of the institution	Class/Division	% of marks obtained

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

Name & Address of the organization/Employer	Post Held	Nature of Job	Experience		
			No. of years	From	To

15. Any other details (Annex extra sheet if required):

16. Option to take the interview (Please ✓):

English	Hindi	Assamese

DECLARATION

I 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:

Signature of the candidate

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