

MANIPUR STATE POWER DISTRIBUTION COMPANY LIMITED (MSPDCL)

APPLICATION FORM FOR THE POST OF

- (i) JUNIOR TECHNICAL ASSISTANT (JTA)**
(ii) WATCHMAN CUM CLEANING ASSISTANT
(iii) OFFICE ASSISTANT (OA)

TO,
THE MANAGING DIRECTOR
MANIPUR STATE POWER DISTRIBUTION COMPANY LIMITED
3RD FLOOR, NEW DIRECTORATE BUILDING NEAR 2ND MR GATE, IMPHAL – DIMAPUR ROAD,
IMPHAL, MANIPUR – 795001

PASTE YOUR RECENT
PHOTOGRAPHRAPH
DULY ATTESTED BY A
GAZETTED OFFICER

INSTRUCTIONS:

- ALL DETAILS TO BE FILLED IN **CAPITAL/BLOCK LETTERS**
- **ALL FIELDS ARE MANDATORY**
- CANDIDATES ARE TO SUBMIT A **FEE OF RS. 500 FOR (UR/GEN.) AND RS.300/- FOR (SC/ST/OBC)** ALONG WITH THIS APPLICATION FORM.
- **ALL CERTIFICATE FOR CLAIM OF RESERVATION MUST BE ISSUED BY THE COMETENT AUTHORITY**
- **ALL ENCLOSURES ATTACHED WITH THE APPLICATION SHOULD BE ATTESTED BY GAZETTED OFFICER**

DETAILS OF THE EMPLOYMENT EXCHANGE SPONSORED NO.....

INDICATE THE ORDER FOR PREFERENCE FOR THE POSTS

- (i) FIRST PREFERENCE** :
(ii) SECOND PREFERENCE :
(iii) THIRD PREFERENCE :

PERSONAL DETAILS:

- 1) CANDIDATE'S NAME:.....
- 2) FATHER'S NAME:.....
- 3) MOTHER'S NAME:.....
- 4) POSTAL ADDRESS:
- 5) PERMANENT ADDRESS:.....
- 6) DISTRICT:.....
- 7) GENDER: MALE FEMALE
- 8) DATE OF BIRTH (dd/mm/yyyy):
- 9) NATIONALITY:.....
- 10) MOBILE NO.:.....
- 11) E-MAIL ID:.....

12) CATEGORY: GEN ST SC OBC (M) OTHERS.....

13) STATE, IF YOU ARE PERSON WITH DISABILITIES (PWD):.....(YES/NO), IF YES, SPECIFY.....

14) MARITAL STATUS:.....

15) a) STATE IF YOU ARE A GOVERNMENT EMPLOYEE? YES NO

b) IF "YES" WHETHER YOU HAVE INTIMATED/INFORMED YOUR EMPLOYER OF YOUR INTENSION OF APPLYING IN THIS POST: YES NO

16. WHAT LANGUAGES (INCLUDING INDIAN LANGUAGES) CAN READ, WRITE OR SPEAK?

LANGUAGES	READ ONLY	READ & SPEAK ONLY	READ, WRITE & SPEAK	EXAMINATION(S) PASSED/STANDARD OF PROFICIENCY ATTAINED
MANIPURI				
ENGLISH				

17. GIVE PARTICULARS OF ALL EXAMINATION PASSED AND TECHNICAL QUALIFICATIONS OBTAINED

ATTESTED COPIES OF ALL CERTIFICATES/ DIPLOMAS AND DEGREES OBTAINED SHOULD BE ATTACHED WITH THE APPLICATION & SHOULD BE ATTESTED BY THE GAZETTED OFFICER

EXAMINATION PASSED	PERCENTAGE OF MARKS	YEAR	SUBJECTS TAKEN	NAME OF UNIVERSITY/BOARD

18. (i) HAVE YOU EVER BEEN DISMISSED OR COMPULSORILY RETIRED FROM SERVICE? (YES / NO)
(ii) IF 'YES', GIVE DETAILS.

19. GIVE DETAILS OF TWO REFEREES

SL. NO.	NAME	CONTACT NO.	OCCUPATION & POSITION	ADDRESS
1				
2				

20. DETAILS OF ENCLOSURES

- (i).....
- (ii).....
- (iii).....
- (iv).....
- (v).....

DECLARATION:-

I hereby solemnly and sincerely affirm that all the particulars stated by me in this application form are true and correct. I have not concealed any information. However, if any information furnished herein by me, is found false, wrong, incorrect or inaccurate, I understand that my candidature for Recruitment in MSPDCL will be cancelled and shall further lead to cancellation of my result/appointment, forfeiture of candidature and even prosecution. I hereby agree to abide by the rules and regulations governing the Recruitment process/examination as contained in the Recruitment notice, which I certify to have gone through carefully and thoroughly.

DATE:

SIGNATURE OF APPLICANT:

PLACE:

LIST OF MANDATORY DOCUMENTS TO BE ENCLOSED ALONG WITH THE APPLICATION FORM (TO BE ATTESTED BY GAZETTED OFFICER):

- 1) MARKSHEETS & CERTIFICATES (FOR ALL THE RELEVANT EXAMINATIONS/QUALIFICATIONS STARTING FROM 10TH STANDARD ONWARDS)
- 2) DATE OF BIRTH CERTIFICATE.
- 3) **CERTIFICATE OF PWD MUST BE ENCLOSED (IF ANY)**
- 4) CATEGORY (SC/ST/OBC) CERTIFICATE SHOULD BE ISSUED BY THE COMPETENT AUTHORITY
- 5) CERTIFICATE OF EXPERIENCE (IF APPLICABLE)
- 6) COPY OF EMPLOYMENT EXCHANGE CARD DULY UPDATED AND SPONSORED BY THE EMPLOYMENT EXCHANGES.

MANIPUR STATE POWER DISTRIBUTION COMPANY LIMITED

(3RD FLOOR, NEW DIRECTORATE BUILDING NEAR 2ND MR GATE, IMPHAL-DIMAPUR ROAD,
IMPHAL, MANIPUR – 795001)

ADMIT CARD

FOR THE POST OF

ROLL NO.

- (i) JUNIOR TECHNICAL ASSISTANT (JTA)**
(ii) WATCHMAN CUM CLEANING ASSISTANT
(iii) OFFICE ASSISTANT (OA)

NAME		PASTE YOUR RECENT PHOTOGRAPHER
FATHER'S NAME		
MOTHER'S NAME		
ADDRESS		
CONTACT DETAIL		
CATEGORY		
DATE OF BIRTH		
VENUE OF EXAMINATION		
DATE OF EXAMINATION		

N.B: Candidates are instructed to reach the venue of examination centre 30 minutes before the schedule time.

SIGNATURE OF THE APPLICANT
DATE

SIGNATURE
(AUTHORISED OFFICIAL OF MSPDCL)
(FOR OFFICIAL USE ONLY)