



ASSAM ELECTRICITY GRID CORPORATION LIMITED

OFFICE OF THE MANAGING DIRECTOR

Regd. Office:(FIRST FLOOR), BIJULEE BHAWAN, PALTANBAZAR; GUWAHATI - 781001

CIN: U40101AS2003SGC007238GSTIN: 18AAFCA4973J9Z3

PHONE: 0361-2739520Web: www.aegcl.co.in



APPLICATION FORM

(TO BE FILLED UP IN CAPITAL LETTERS)

Affix a copy of signed photograph here and attach a copy of the same photograph with the application

Advt. No.....

Dated.....

1. POST APPLIED FOR: _____

2. NAME OF THE CANDIDATE (SHRI/SMTI): _____

3. FATHER'S/HUSBAND'S NAME: _____

4. DATE OF BIRTH (DD/MM/YYYY): _____

(Date of Birth must be supported by an attested copy of certificate or admit card issued by Board/ Council of Secondary/ Higher Secondary Education)

5. AGE ON 01/08/2019: _____

6. NATIONALITY: _____

7. RELIGION: _____

8. STATE OF DOMICILE: _____

9. GENDER (Please indicate \surd): Male Female

10. ADDRESS FOR CORRESPONDENCE:

House No. / Street Name: _____

Village/ City: _____

District _____ State: _____

Police Station: _____ Post Office: _____

PIN: _____ Mobile No: _____

E-mail: _____

11. PERMANENT ADDRESS:

House No. / Street Name: _____

Village/ City: _____

District _____ State: _____

Police Station: _____ Post Office: _____

PIN: _____ Mobile No: _____

12. Caste/Category (Please indicate): SC ST OBC IOBC

(Attested Copy of Caste Certificate issued by Competent Authority must be enclosed with the application)

13. EDUCATIONAL QUALIFICATION:

| Name of the Examination Passed | Duration of Course | Year of passing | Name of the Board/ University/ Institute | Class/ Division | % of marks obtained |
|------------------------------------------|--------------------|-----------------|------------------------------------------|-----------------|---------------------|
| HSLC or Equivalent | | | | | |
| HSSLC or Equivalent | | | | | |
| Degree | | | | | |
| Any Other Qualification (Please Specify) | | | | | |

(Attested copies of all relevant mark sheets must be enclosed with the Application)

14. POST QUALIFICATION EXPERIENCE (ANNEX EXTRA SHEET IF REQUIRED):

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

15. AMC Registration No: _____

16. PARTICULARS OF APPLICATION FEE:

Demand Draft No.:

Date:

Amount:

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