



# 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](http://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. AEGCL/MD/HR/Recruitment/395/2021/22-23 Date: 16-08-2021

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 birth certificate or admit card issued by Board/ Council of Secondary/ Higher Secondary Education)
5. AGE ON 01/08/2021: \_\_\_\_\_
6. NATIONALITY: \_\_\_\_\_
7. RELIGION: \_\_\_\_\_
8. STATE OF DOMICILE: \_\_\_\_\_
9. GENDER (Please indicate  $\surd$ ): Male  Female
10. MARITAL STATUS:  
 Single  Married  Divorced  Separated  Widowed  
(Uploaded declaration form must be submitted by all candidates stating the details of children)
11. ADDRESS FOR CORRESPONDENCE:  
House No. / Street Name: \_\_\_\_\_  
Village/ City: \_\_\_\_\_  
District \_\_\_\_\_ State: \_\_\_\_\_  
Police Station: \_\_\_\_\_ Post Office: \_\_\_\_\_  
PIN: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
E-mail: \_\_\_\_\_
12. PERMANENT ADDRESS:  
House No. / Street Name: \_\_\_\_\_  
Village/ City: \_\_\_\_\_  
District \_\_\_\_\_ State: \_\_\_\_\_  
Police Station: \_\_\_\_\_ Post Office: \_\_\_\_\_  
PIN: \_\_\_\_\_ Mobile No: \_\_\_\_\_
13. Caste/Category (Please indicate): SC  ST  OBC  MOBC   
(Attested Copy of Caste Certificate issued by Competent Authority must be enclosed with the application)



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## 14. EDUCATIONAL QUALIFICATION:

Name of the Examination/Degree Passed	Branch/ Discipline	College/ Institution	Name of the Board/ University/ Institute	Year of passing	% of marks obtained	Mode (Full time/Part Time)
HSLC or Equivalent						
HSSLC or Equivalent						
Degree						
Post-Graduation						
Any Other Qualification (Please Specify)						

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

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

Name & Address of the Organization/Employer	Post Held	Brief description of nature of job	Experience		
			No. of years	From	To

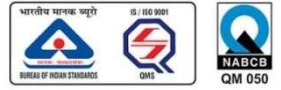
## 16. RESPONSIBILITIES SUMMARY (ANNEX EXTRA SHEET IF REQUIRED):

Company Name	From	To	Responsibilities



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17. MENTION YOUR POSITION IN THE HIERARCHY IN YOUR CURRENT ORGANIZATION AND THE LEVELS ABOVE & BELOW YOU:

18. LANGUAGES KNOWN:

Language	Read	Write	Speak

19. ACHIEVEMENT AND AWARDS (ANNEX EXTRA SHEET IF REQUIRED):

20. SELF ASSESSMENT: Explain why do you think you are particularly suited for this position? (ANNEX EXTRA SHEET IF REQUIRED):

21. 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