

MANIPUR STATE POWER DISTRIBUTION COMPANY LIMITED (MSPDCL)

APPLICATION FORM FOR THE POST OF COMPUTER OPERATOR

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
PHOTOGRAPH DULY
ATTESTED BY A
GAZETTED OFFICER

(DO NO STAPLE)

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. /OBC) AND RS.300/- FOR (SC/ST) ALONG WITH THIS APPLICATION FORM.
- **THIS APPLICATION FORM IS NOT TO BE USED FOR ANY OTHER POST OTHER THAN THAT IN CONNECTION WITH WHICH IT IS APPLIED**
- **ALL CERTIFICATE FOR CLAIM OF RESERVATION MUST BE ISSUED BY THE COMPETENT AUTHORITY**
- **ALL ENCLOSURES ATTACHED WITH THE APPLICATION SHOULD BE ATTESTED BY GAZETTED OFFICER**

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

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 OTHERS
- 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. EDUCATIONAL QUALIFICATIONS: (10TH/12TH)

COURSE	SUBJECT(S)	INSTITUTE/ COLLEGE/ UNIVERSITY	YEAR OF PASSING	DIVISION	MARKS OBTAINED/ CGPA OBTAINED	TOTAL MARKS /TOTAL CGPA	% OBTAINED
1	2	3	4	5	6	7	8
MATRIC/ 10 TH							
12 TH							
DIPLOMA							

17. GRADUATION DETAILS:

COURSE	DISCIPLINE/ BRANCH	COLLEGE/INSTITUTE/ UNIVERSITY	MARKS OBTAINED/ GPA OBTAINED	TOTA MARKS /TOTAL GPA	AGGREGATE % OBTAINED /CGPA OBTAINED DURING GRADUATION AS A WHOLE
1	2	3	4	5	6

18. OTHER QUALIFICATION / COURSE ATTENDED

COURSE	FROM	TILL	COLLEGE/INSTITUTE/ UNIVERSITY	MARKS OBTAINED/GRADE
1	2	3	4	5

19. WORK EXPERIENCE DETAILS (If any):

COMPANY/ ORGANIZATION	DESIGNATION	TOTAL ENGAGEMENT PERIOD		NATURE OF DUTIES	REASONS FOR LEAVING (If any)	LENGTH OF SERVICE
		FROM	TILL			
1	2	3	4	5	6	7

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

21. GIVE DETAILS OF TWO REFERRALS

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

22. 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) CERTIFICATE OF DATE OF BIRTH (CLASS 10TH MARKSHEET/CERTIFICATE/ADMIT CARD)
- 3) **CERTIFICATE OF PWD MUST BE ENCLOSED WITHOUT FAIL.**
- 4) CATEGORY (SC/ST/OBC) CERTIFICATE:
- 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

COMPUTER OPERATOR

ROLL NO.

NAME		PASTE YOUR RECENT PHOTOGRAPHRAPH
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)