## M.P. Road Development Corporation Ltd.

(M.P. State Highway Authority) (Govt. of M.P. Undertaking) 45-A, Arera Hills, Bhopal – 462011 2765205 Fax: 0755-2572643, Website: www.mprdc.gov.in



No. 17771/MPRDC/HR/869/MPSAMC/22

Bhopal, Date: 04/03/2022

## Appointment of Revenue Officer, Revenue Expert (TNCP) and Company Secretary on Contractual Basis for

### M.P. State Assets Management Company (MPSAMC) Executive Agency MPRDC

| For Office Use Only |  |                  |  |
|---------------------|--|------------------|--|
| REG. No             |  | <b>REG.DATE:</b> |  |
|                     |  |                  |  |

(Duly filled application may be sent through ordinary post only at prescribed address)

# Please read the terms and conditions carefully and fill the -Application Form in Capital Letters in Black Ball Point Pen only.

#### The Candidate should be an Indian National.

| POST APPLIED<br>FOR                        | WRITE: (Post Name)                                       |                 |
|--|--|-----------------|
| 1. CANDIDATE'S NA                          | ME (please keep one box blank between first name, middle | name & surname) |
|  |  |                 |
| (FIRST NAME)<br>2. FATHER'S NAME           | (MIDDLE NAME)  | (LAST NAME)     |
| (FIRST NAME)                               | (MIDDLE NAME)  | (LAST NAME)     |
| 3.GENDER(Tick in box                       |  |                 |
| 4.MARITAL STATUS<br>(TICK √ ONE OF THE BO) | SINGLE MARRIED WIDOW                                     |                 |
| 5. CATEGORY APPLY                          | YING IN Please( ) tick one Box): UR ST SC                | OBC Others      |
| 6. DOMICILE OF M.I                         | P.:  |                 |
| 7.DATE OF BIRTH:                           |  |                 |
|  | Day Month Year   |                 |
| 8. ADDRESS FOR CO                          | OMMUNICATON (IN CAPITAL LETTERS)                         |                 |
| Name :                                     |  |                 |
| F/H Name :                                 |  |                 |
| Address :                                  | Please affix one recent<br>Photograph <b>with</b>        |                 |
| :  |  | attestation     |
| City/Town/Villa                            | ge: Distt:   |                 |
| State :                                    | Pin Code :   |                 |
|  | P a g e 1   3  |                 |

#### 9. CONTACT DETAILS

| STD Code :<br>Mobile No. | Ph. No |                |  |
|--------------------------|--------|----------------|--|
| Email ID                 |        | Signature of C |  |

**10. CANDIDATE'S PERMANENT ADDRESS:** 

| Name :                    |            |  |  |
|---------------------------|------------|--|--|
| F/H Name :                |            |  |  |
| Address :                 |            |  |  |
| :                         |            |  |  |
| City/Town/Village: Distt: |            |  |  |
| State :                   | Pin Code : |  |  |

#### **11. STATUS OF ACADEMIC OUALIFICATION**

| Name of Examination<br>passed(from 12th<br>onwards) | Course | Year of<br>Passing | Total<br>Maximum<br>Marks of<br>the<br>course | Total Marks<br>obtained in<br>all<br>group/<br>years by<br>the<br>candidate | %age of<br>Aggregate<br>marks/ Grade<br>obtained in<br>final<br>year/ final<br>Examination | Institute /<br>university |
|---|--------|--------------------|---|---|--|---------------------------|
| 12th / intermediate,<br>pre-university              |        |                    |   |   |  |                           |
| GRADUATION  |        |                    |   |   |  |                           |
| POST GRADUATION                                     |        |                    |   |   |  |                           |
| Other   |        |                    |   |   |  |                           |

12. EXPERIENCE DETAILS (Please indicate post qualification experience only):

| POST | NAME OF ORGANIZATION | Nature of duties | Period | Salary (Rs.<br>Per Month) |
|------|----------------------|------------------|--------|---------------------------|
|      |                      |                  |        |                           |
|      |                      |                  |        |                           |
|      |                      |                  |        |                           |
|      |                      |                  |        |                           |
|      |                      |                  |        |                           |

Note:- Please enclose self-certified qualification certificate, experience certificate, Proof of DOB, Identity Proof along with online application.

andidate

SAME AS ABOVE

#### **DECLARATION**

I hereby declare that the above particulars are true in every respect and nothing has been concealed or withheld by me. If any information furnished above is found false at any time, my candidature/appointment may be cancelled without any notice and legal action may be taken accordingly.

ENCLOSURES: (PLEASE TICK ( $\sqrt{}$ ) THE ITEMS ATTACHED, IN THE BOX. ATTESTED COPIES OF SERIAL NO.1 TO 8)

- 1. M.P. DOMICILE CERTIFICATE
- 2. CERTIFICATE FOR PROOF OF DATE OF BIRTH
- 3. Certificate and MARK SHEET FOR ALL GROUP OF EXAM/YEARS
- 4. NOC OF EMPLOYER (IF APPLICABLE)
- 5. Date of Birth proof of third born child (if any) issued from competent authority.
- 6. Copy of PPO from competent authority and Work Experience Certificate.
- 7. Copy of Aadhar Card and Voter ID
- 8. Work experience certificate

| PLACE: |  |
|--------|--|
| DATE : |  |

CANDIDATE'S SIGNATURE

