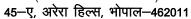
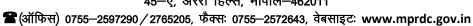


मध्यप्रदेश रोड डेव्हलपमेंट कार्पोरेशन लि.

(म.प्र. राज्य राजमार्ग प्राधिकरण)

(म.प्र. शासन का उपक्रम)







Bhopal, Date: 10/05/2022

No. 2743/MPRDC/377/HR/22

REG. No REG. DATE: (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 Isall Point Pen only. The Candidate should be an Indian National. POST APPLIED WRITE: (Post Name) FOR REG. No REG. DATE: REG. No REG. DATE: REG. No REG. DATE in Capital Letters in Isall Point Pen only. REST NAME (Please keep one box blank between first name, middle name & surname) (LAST NAME) (LAST NAME) REG. DATE (TICK IN DOX - MALE /FEMALE): MALE FEMALE FEMALE FEMALE ST. NAME: CATEGORY APPLYING IN Please() tick one Box): UR ST. SC OBC DOMICILE OF M.P.: DATE OF BIRTH: Day Month Year ADDRESS FOR COMMUNICATON (IN CAPITAL LETTERS) Please affix one recent Photograph with attestation	Appoin	tment of Chief Accounts Officer on Contract Basis	s in MPRDC
Please read the terms and conditions carefully and fill the -Application Form in Capital Letters in Italian Point Pen only. The Candidate should be an Indian National. POST APPLIED WRITE: (Post Name) FOR CANDIDATE'S NAME (please keep one box blank between first name, middle name & surname) FIRST NAME) CATHER'S NAME (LAST NAME) CATHER'S NAME (MIDDLE NAME) CAST NAME) CAST NAME) CAST NAME) CAST NAME (LAST NAME) CAST NAME) CAST NAME FEMALE FEMALE FEMALE TEST NAME CATEGORY APPLYING IN Please() tick one Box): UR DOMICILE OF M.P.: DATE OF BIRTH: Day Month Day Month Please affix one recent Photograph with attestation Please affix one recent Photograph with attestation	REG. No		:
Address: POST APPLIED FOR CANDIDATE'S NAME (please keep one box blank between first name, middle name & surname) (MIDDLE NAME) (MIDDLE NAME) (MIDDLE NAME) (LAST NAME) FEMALE FEMALE DIVORCEE (TICK V ONE OF THE BOXES) DOMICILE OF M.P.: DATE OF BIRTH: Day Month Year Address: Please affix one recent Photograph with attestation	` •		,
CANDIDATE'S NAME (please keep one box blank between first name, middle name & surname) FIRST NAME) (MIDDLE NAME) (LAST NAME) (LAST NAME) (RIDDLE NAME) (LAST NAME) (LAST NAME) (LAST NAME) (LAST NAME) (LAST NAME) (EAST NAME) (LAST NAME) (LAST NAME) (LAST NAME) (LAST NAME) FEMALE FEMALE OBC CATEGORY APPLYING IN Please() tick one Box): UR DOMICILE OF M.P.: DATE OF BIRTH: Day Month Day Month Day Month Day Month Please affix one recent Photograph with attestation	Ball Point Pen only.		in Capital Letters in Blac
IRST NAME) . FATHER'S NAME IRST NAME) (MIDDLE NAME) (MIDDLE NAME) (IAST NAME) FEMALE FEMALE OBC CATEGORY APPLYING IN Please() tick one Box): UR CATEGORY APPLYING IN Please() tick one Box): UR DOMICILE OF M.P.: DATE OF BIRTH: Day Month Year ADDRESS FOR COMMUNICATON (IN CAPITAL LETTERS) Name: F/H Name: Address: Please affix one recent Photograph with attestation		WRITE: (Post Name)	
GENDER(Tick in box - MALE /FEMALE): MALE	IRST NAME)		
. CATEGORY APPLYING IN Please() tick one Box): UR ST SC OBC . DOMICILE OF M.P.: ST SC OBC . DATE OF BIRTH: Day Month Year . ADDRESS FOR COMMUNICATON (IN CAPITAL LETTERS) Name: F/H Name: Address: Please affix one recent Photograph with attestation	•		
DOMICILE OF M.P.: Day Month Year ADDRESS FOR COMMUNICATON (IN CAPITAL LETTERS) Name: F/H Name: Address: Please affix one recent Photograph with attestation			DIVORCEE
Name: F/H Name: Address: Please affix one recent Photograph with attestation	. DOMICILE OF M.P		SC OBC
F/H Name: Address: Please affix one recent Photograph with attestation	. ADDRESS FOR CO	MMUNICATON (IN CAPITAL LETTERS)	
Address: Please affix one recent Photograph with attestation	Name :		
Photograph with attestation	F/H Name:		
City/Town/Village: Distt:	Address :		Photograph with
State: Pin Code:	: City/Town/Villag		

9. CONTACT DETAILS STD Code : _____ Ph. No_____ Mobile No.____ Email ID Signature of Candidate SAME AS ABOVE 10. CANDIDATE'S PERMANENT ADDRESS: Name: F/H Name: Address: City/Town/Village: Distt: Pin Code : State : 11. STATUS OF ACADEMIC QUALIFICATION Name of Examination Course Year of Total Total Marks %age of Institute / passed(from 12th **Passing** Maximum university obtained in Aggregate onwards) Marks of all marks/ Grade the group/ obtained in course years by final the year/ final candidate Examination 12th / intermediate, 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. Per Month)

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

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

CANDIDATE'S SIGNATURE