

MADHYA PRADESH ROAD DEVELOPMENT CORPORATION LTD.

(M.P. State Highway Authority)
(Govt. of M.P. Undertaking)

45-A, Arera Hills, Bhopal (MP) 462011

20755-2527290/2765205 Fax: 0755-2572643, Website: www.mprdc.gov.in

Bhopal, Date: 30.05.2022

No. 3946/MPRDC/377/HR/22

Appointment of Astt. General Manager (Tech.) on Contract for MPRDC

			F	or Office	Use (Only	7									
REG. No							R	EG.I	DAT	Е:						
(Duly filled	application	on may b	oe sen	t throug	h ord	inar	y po	st or	nly a	ıt pr	escr	ibed a	addre	ess)		
Please read the terms Ball Point Pen only.				•	l the -	-Apj	plica	tion	For	m in	ı Caj	pital]	Lette	rs in	Bla	ck
The Candidate shoul	<u>d be an 1</u>	ndian N	<u>ation</u>	<u>al.</u>												
POST APPLIED FOR WRITE: (Post Name)																
1. CANDIDATE'S NAM	IE (please	keep one	e box l	olank bet	ween	first	nam	ie, m	iddle	nar	ne &	surna	me)			_
FIRST NAME) 2. FATHER'S NAME			(MIDDLE NA	ME)							(LAS	T NAM	E)		
														Ţ		
FIRST NAME) 3.GENDER(Tick in box -	· MAI F /FF	MALE) :	MAL	MIDDLE NA	ME)]					FFM	IALE	(LAS	T NAM	E)		
4.MARITAL STATUS (TICK √ ONE OF THE BOXES	5)	SINGLE	one Bo	MARI	RIED] ST		w	IDO\ S	w 	PH)		VORC	EE			
6. DOMICILE OF M.P. 7.DATE OF BIRTH:	Day	Month		Year												
8. ADDRESS FOR COM	1MUNICA	TON (IN	CAP1	TAL LET	TERS	5)										
Name :																
F/H Name:																
Address :]	,	ffix one graph w testatio	vith	t	
City/Town/Village	:	Dist	tt:													
State :	Pin Code :															

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 : L State : 11. STATUS OF ACADEMIC QUALIFICATION Name of Examination Course Year of Total **Total Marks** %age of Institute / passed(from 12th university Passing Maximum obtained in Aggregate marks/ Grade onwards) Marks of all the group/ obtained in course years by final year/ final the **Examination** candidate 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.

ENCLOSURI NO.1 TO 8)	ES: (PLEASE TICK (\checkmark) THE ITEMS ATTACHED, IN THE BOX. ATTESTED COPIES OF SERIAL
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 Aadhar Card and Voter ID
PLACE:	
DATE:	CANDIDATE'S SIGNATURE