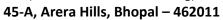
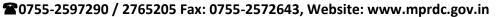


M.P. Road Development Corporation Ltd.

(M.P. State Highway Authority)

(Govt. of M.P. Undertaking)







No/MPRDC/858/HR/BDC/2022							Bhopal, Date:/2022							
Appointmen Mans	t for th	_			_					_				ral
TVIAIT	1501/111	anagei	(1 62		Office l			ict D	<u> </u>	101	1711	DD		
REG. No							RE	G.DA	TE:					
(Duly fille	ed appli	cation	may bo	e sent	through	ordina	ry post	only	at p	oreso	eribe	ed ado	dress))
Please read the tern Ball Point Pen only		conditio	ons car	efully	and fill	the -Ap	plication	on Fo	orm i	in C	apit	al Le	tters i	n Bla
The Candidate sho	ould be	an Indi	ian Na	<u>tional</u>	<u>•</u>									
POST APPLIED FOR	WRI	ΓE: (Pos	st Nam	e)										
. CANDIDATE'S N	AME (pl	ease ke	ep one	box bla	ank betw	een firs	t name,	mide	dle na	ame	& su	rnam	e)	
FIRST NAME) 2. FATHER'S NAME	<u> </u>			(M)	DDLE NAM	E)					(LAST N	AME)	<u> </u>
FIRST NAME) GENDER(Tick in be				(MI	DDLE NAM	E)	•			MAL	È	LAST N	AME)	
I.MARITAL STATUS (TICK √ ONE OF THE BO I. CATEGORY APPI I. DOMICILE OF M I. DATE OF BIRTH:	LYING I				MARR: D: UR Year	IED ST		sc [ОВ		RCEE	: Others	;
Name :	OMMUN	IICATO	N (IN	CAPIT	AL LETT	ERS)								
F/H Name:														
Address :												se affix otograp attesta		ent
:												aucst	ttivii	
City/Town/Villa	age:		Distt	:•										
State :	Pin C	ode : \square												

9. CONTACT DETAILS

STD Code: Ph. No Mobile No Email ID	Signature of Candidate
10. CANDIDATE'S PERMANENT ADDRESS:	SAME AS ABOVE
Name :	
F/H Name:	
Address :	
:	
City/Town/Village: Distt:	
State: Pin Code:	
11. STATUS OF ACADEMIC QUALIFICATION	Total Marks 06233 of Institute /

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

ENCLOS NO.1 TO	SURES: (PLEASE TICK (\checkmark) THE ITEMS ATTACHED, IN THE BOX. ATTESTED COPIES OF SERIALD 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
PLACE:	
DATE:	CANDIDATE'S SIGNATURE