Applied for the post:	

APPLICATION FORMAT

Self Attested Recent Photograph

1.	Name of the Applicant (In capital letters)	:
2.	Father's Name (In capital letters)	·
3.	Present Communication address (in capital	letters) alongwith Telephone/Mobile/E-mail.
	PinMobile No	E-mail id:
4.	Date of Birth (in Christian era):	
5.	Age (as on 01.07.2016):	.Years Months Days
6.	Sex (Male/Female) :	
7.	Marital Status :	
8.	Whether you are domicile of Uttarakhand	(Yes/No):(if yes, proof must be attached)
9.	Education and Technical/Professional Qua	lification:
	a) Academic Qualification (in ascending of	order, starting from high School onward)

Sl. No.	Examination Passed	Main Subject	Board/University	Year of passing	% age of marks	
1	2	3	4	5	6	

(self attested copies of all mark sheets and certificates must be attached with the application form):

b) Technical/Professional Qualification:

(self attested copies of all mark sheets and certificates must be attached with the application form):

Sl. No.	Examination Passed	Board/University	Year of passing	% age of marks
1	2	3	4	5

Whether Educational and other qualifications required for the post are satisfied:

(If any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same) Please mention essential and desirable qualification required and possessed by the candidate in the following format. Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient:

Qualifications/Ex	sperience required	Qualifications/Experience possessed by the applicant
Essential (as applicable to the post)	1)	
Desired (as applicable to the post)	1) 2) 3) 4) 5) 6)	

d)	Please	state	clearly	whether	in	the	light	of	entries	made	by	you	above,	you	meet	the
	require	ements	of the p	ost.												
		•••••				• • • • • •	• • • • • • • • • • • • • • • • • • • •			•••••	••••	• • • • • • •		•••••	• • • • • • •	• • • • •

10. Details of Employment, in chronological order(if yes, proof must be attached). Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient

Office	Post	Nature of appointment	Period of service		Scale of pay, basic	Nature of
	held	whether regular adhoc,	From	To	pay and total	duty
		Temporary, deputation,			monthly	
		contract, consultant etc.			emoluments	

11.	De	tails of additional academic qualifications, professional training and work experience, if any
12.	Na	ture of present employment, i.e. ad-hoc or temporary or permanent :
13.	In	case the present employment is held on deputation/contract basis, please state:
	a)	The date of initial appointment on deputation/contract basis:
	b)	Period of appointment or deputation/contract :
	c)	Name of the parent office/Organization to which you belong:
		(Address of parent organization)
	d)	Name of the post & pay scale held by you on regular basis:
		(Date from when such post held may also be indicated)
	e)	Name of office/organization and address of present posting:

14.	Additional details about present employment:		
	Please state whether working under and give full	l address	s of the organization:
	a) Central Government	:	
	b) State Government	:	
	c) Central/State Autonomous Organization	:	
	d) Central/State Government Undertaking	:	
	e) Central/State University	:	
	f) Private Organization	:	
15.	Total emoluments per month now drawn	:	
	(Please attach details of gross salary/last pay slip))	
16.	Whether Publication in technical/professional pa	aper in re	ecognized Technical/Professional journals
		(if y	es, proof must be attached).
17.	Whether at least 1 year Experience of working in	Electrici	ty Regulatory Commission (SERC/CERC)
	:	(if y	es, proof must be attached).
18.	Whether experience of working in Central/State	Govt. De	eptt./undertaking/ CPSU/PSU/Private
	Sector related to Electricity field. Year of experien	nce:	(if yes, proof must be attached).
19.	University Topper. :		(if yes, proof must be attached).
20.	Any other information that the candidate may	:	
	wish to give (If the space is insufficient enclose		
	a separate sheet)		
21.	Whether belongs to reserved category. If yes,	:	
	please state category		
22.	Notice period/No. of days likely to be availed	:	
	for relieve from present/parent organization/De	eptt. on l	peing found fit for appointment.
23.	Remarks, if any	:	
	DE	CLARA]	ΓΙΟΝ <u></u>
are info be r any	correct to the best of my knowledge and belief. I urmation given herein being found false or incorrect, rejected or cancelled and in the event of any wrong st stage even after appointment my services are liable to be:	understan my candic tatement/	d that in the event of any of the particulars of dature for the examination/selection is liable to discrepancy in the particulars being detected at
	e:		
			Signature of Applican

List of Enclosures: