

## ASSAM POWER DISTRIBUTION COMPANY LIMITED

(A fully customer centric company)

Office: Bijulee Bhawan, Paltanbazar, Guwahati-781001, Assam E-mail: cgm.hr@apdcl.org, Website: www.apdcl.org

| APPLICA                                  | ATION   | FOR            | iM f     | or       | the    | pos          | st o  | f C(        | )NS    |        |         |        | -            | ON Co<br>Carbi |                   |  |          | i B    | asis           | ) fo   | r 1                                       | υ00              | M      | w s     | iola    | r Po    | w       | ∍r Pi         | roje       | ∍ct |
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| Assam P<br>Bijulee E                     | o<br>ne Chief General Manager (HRA),<br>ssam Power Distribution Company Limited,<br>julee Bhawan, 4th Floor, Paltanbazar,<br>uwahati-1. |                |          |          |        |              |   |             |        |        |         |        |              |                |                   | Affix a copy of signed photograph here and attach a copy of the same photograph with the application |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| POST API                                 | ANT (ON Contractual Basis) for 1000 MW Solar Power Project at Dip   |                |          |          |        |              |   |             |        |        |         |        |              |                | hu, Karbi Anglong |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| Name Sr                                  | ri/Smti   |                | <u>'</u> |          |        |              |   |             |        |        |         |        | <u> </u>     |                |                   |  |          | ī      |                |        |   |                  | 1      |         |         |         |         | $\overline{}$ |            |     |
| rume 51                                  | 1/511111  |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          | 1      |                |        |   |                  |        |         |         |         |         |               |            |     |
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| Father's N                               | lame  |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| Date of Bi                               | rth :   |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| (Date of Birth                           | n must be s   | Da<br>supporte | •        | an at    |        | onth<br>copy | of cer  | tificat     | e or a |        | ear     | issuec | l by         | y Board        | / Coı             | ıncil  | of Se    | conda  | ıry / H        | igher  | Seco                                      | ndary            | Edu    | cation  | 1)      |         |         |               |            |     |
| ADDRESS                                  | S FOR (   | CORR           | ESP      | PON      | IDE    | NCE          | :   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| C.O./House                               |   |                |          |          |        |              | Ī   |             |        |        |         |        |              |                | Π                 |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| Village/To                               | wn:   |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
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| District                                 |   |                |          |          |        |              |   |             |        |        |         |        |              | İ              |                   |  | ĺ        | Sta    | te:            |        |   |                  |        |         |         |         |         |               |            | Ť   |
| Mobile No                                | :   |                |          |          |        |              |   |             |        |        |         |        | Е            | -mail:         |                   |  |          |        |                |        |   |                  | •      | !       |         | •       |         |               |            |     |
| PERMAN                                   |   | DDRE           | SS:      |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| C.O./House                               |   |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| Village/To                               | wn:   |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  | <u> </u> |        |                |        |   |                  |        |         |         |         |         |               |            |     |
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| District                                 |   |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  | ]        | Sta    | te:            |        |   |                  |        |         |         |         |         |               |            |     |
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| Nationality                              | I   | (Attes         | ted co   | ору с    | of the | Certifi      | icate i                                       | issued      | by th  | ie coi | mpeter  | nt aut | hor          | rity mus       | t be e            | enclos   | sed w    | ith th | e appl         | icatio | n)  |                  |        |         |         |         |         |               |            |     |
| EDUCATI                                  | IONAL   | QUAI           | LIF      | ICA      | TIO    | N :          |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| Name of the Examination Passed           |   |                |          |          |        |              | Name of the Board / Institute /<br>University |             |        |        |         |        |              |                |                   | Year of Passing Di   |          |        |                |        | ivision & Percentage of Marks<br>obtained |                  |        |         |         |         |         |               |            |     |
| HSLC or Equivalent                       |   |                |          |          |        | ·            |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| HSSLC or Degree in:                      |   | ent            |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| Masters Degree                           |   |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| in:                                      |   |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| Any other Qualification (Please specify) |   |                |          |          |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        |         |         |         |         |               |            |     |
| LANGUA                                   | GE PRO  | OFIEN          | NCY      | <b>:</b> |        |              |   |             |        |        |         |        |              |                |                   |  |          |        |                |        |   |                  |        | _       |         |         |         |               |            |     |
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| Are you a<br>EXPERIE                     |   | Gover          | nme      | ent      | Offic  | cials        | (Cei  | ntral       | /Sta   | te G   | Govt/   | PSU    | J <b>)</b> 1 | not be         | low               | the  | ran      | k of   | Exe            | cutiv  | e E                                       | ngin             | eer.   | .? (Y   | /N) _   |         | _       |               |            |     |
| Sl no.                                   |   | ıme of         | Org      | gan      | izati  | on           | Position held                                 |             |        |        |         |        |              |                |                   | No. of years   |          |        |                |        |   | Total Experience |        |         |         |         |         |               |            |     |
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| It is certifi<br>found false             |   |                | _        |          |        |              |   |             | -      |        | _       | e an   | d l          | belief.        | Fui               | the  | r, I ı   | unde   | ersta          | nd tl  | nat i                                     | f an             | y of   | the     | abov    | e pa    | rtic    | ular          | s is       |     |
| Date                                     | <del>, , , , , , , , , , , , , , , , , , , </del>   | 1 1            |          |          |        |              | 1   | •           | , ,    | •      |         |        |              |                |                   |  |          |        | Signa          | tura   | of:                                       | tha (            | ~an    | dida    | to      |         |         |               |            |     |
| List of Enclos                           | sures:  |                |          |          | 1      |              |   |             |        |        |         |        |              |                |                   |  |          |        | /1511 <i>8</i> |        | , UI                                      | (                | _a11   | uiud    |         |         |         |               |            |     |
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| (Attested co                             | onies of al   | l releve       | ıt ma    | rkeh     | eets m | ust ha       | encl  | 6<br>osed w | ith +1 | ie an  | nliceti | ion D  | les          | se note t      | that ;            | ncom   | nlete    | annli  | 9<br>cation    | S & ~  | nnlie                                     | ations           | not    | submi   | itted i | 1 the t | form    | at w/ill      | he         |     |
| summarily                                |   |                |          |          |        |              |   |             | iui tl | .c ap  | rneau   | I      | .ca          | Le Hote        | arut 1            |  | Picic    | սեհու  | JuniOil        | s & a  | PPIIC                                     | 0118             | . 1101 | - GOIII | u II    |         | .011116 | ***111        | J <b>.</b> |     |