

### CHHATTISGARH STATE POWER GENERATION CO. LTD.

# छत्तीसगढ़ स्टेट पावन जननेशन कंपनी लिमिटेड

(A Govt. of Chhattisgarh Undertaking) (छत्तीसगढ़ शासन का एक उपक्रम) CIN: U40108CT2003SGC015821

Phone:-0771-2574408; Fax:- 0771-2574035; mail:-hr.cspgcl@cspc.co.in; website:-www.cspc.co.in/cspgcl

## **Format for Application**

Important Notes:- (i) Before filling this form read the instructions carefully. (ii) All entries should be made in CAPITAL LETTERS (iii) The Application to be made strictly in the following format and to be filled in ENGLISH only. (iv) Please see the bottom of the application form for documents to be enclosed.

Candidate's Name (IN CAPITAL	LETTERS) (please keep one	box blank between	name, middle r	name & surname
andidate's Name (in Carria)	T			
athers's/Husband's Name (IN Jurname)	CAPITAL LETTERS) (please	keep one box blank	between name	, middle name &
			2	
Date of Birth  DD MM Y	T T			Please affix o recent passpo size Photograph self attested
e As on (01/01/2025)	ton should be a second			
DD MM YY				
Domicile :- Chhattisgarh				
Nationality :- Indian Gender Male Category	Female	Any Other		

otal No. of Years	wheriell	ec.			
Fees transaction	details :				
UTR No.	Date	Name of Bank	Branch Address	Branch Code	Amount (Rs.)
Candidate Name, Fath	er's Name, addr	ess, telephone number, date of	birth and category sh	ould be written on the tran	saction slip
Candidate's Addre	ess : (IN CAP	PITAL LETTERS Black Ball	Point Dan Out A		
Communication A	Address		Permanent		
Name :			Name	<u> </u>	
Father's Name:			Father's Na	ame :	
Address :			Address	:	
			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
District :			District		
State : Contact No.		PIN:	State Contact No	:	PIN:
Tel. No. : Mobile no. :			Tel. No.	:	
Mail Id :			Mobile no. Mail Id		
ducational Qualif	ication:-				
Name of Exam Pa	assed	Institution/University		% of Marks Obtain	ned Year of
<i>b</i>				(Aggregate)	passing
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		Marin San Comment			31
	4	age of the contract			

#### 15. Experience:-

Name of Organization	Period of Experienc	e Total Experience (in Yr & month)

#### **DECLARATION**

I hereby declare that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or not satisfying the prescribed eligibility criteria for the post applied for, my candidature is liable to be cancelled/rejected at any stage of selection.

PLACE :

(Signature of the Applicant)

Self attested documents to be enclosed with application:-

- 1. 10<sup>th</sup> Board Mark Sheet for verification of Date of Birth.
- 2. Copy of certificates/mark sheets regarding educational qualification.
- 3. Experience Certificate if any.
- 4. Chhattisgarh Domicile Certificate if applicable
- 5. Caste Certificate if applicable.
- 6. Applicable Fee transaction slip paid to Account of Assistant Manager (CAU), CSPGCL Raipur be enclosed with application.