

HIMACHAL PRADESH POWER CORPORATION LIMITED, SHIMLA-171005

Application form for the post of Apprentice Eng.(Civil).

For Office Use Only

Roll No.	Diary No & Date
Provisionally Admitted	Reason for rejection if any

1. **Post Applied For**.....
2. **Name of Applicant**.....
3. **Father's Name**.....
4. **Date of Birth**

Paste Self Attested
Passport Size
Photograph
**Please do not pin
or staple**

(as per Matric/Higher Secondary certificate)

5. **Sex Code** (M/F) Write **M** for Male and **F** for Female.
6. **Category:** Put a cross mark in the box for the category to which the candidate belongs. ie **X**
 - a) General
 - b) OBC
 - c) SC
 - d) ST
 - e) Others

If others, Specify

7. **Sub-Category:** Put a cross mark in the box for the Sub-category to which the candidate belongs.

- a) Unreserved
- b) IRDP
- c) Ex-Serviceman
- d) Freedom fighter
- e) Others

If others specify

8. Whether Himachali Bonafide (Y/N) Write **Y** for Yes and **N** for No.

9. Put a cross mark in the box to which the candidates belongs, i.e. **X**.

- i) Candidates belonging to Project Affected Family
- ii) Candidates of concerned Project Affected Area.
- iii) District Candidates from any part of the district where project is located.
- iv) Himachali candidates from any district.

Note: Candidates belonging to Project Affected Families/Areas are requested to attach documentary proof of their belonging to Project Affected Families and Project Affected Areas from the concerned **Deputy Commissioner or Head of the Project, HPPCL** as per the Relief and Rehabilitation Policy of the Corporation.

10. Educational Qualification

Examination	Roll No.	Year of passing	Board and University (Full name)	Total marks	Marks Obtained	Percentage
Matriculation						
10+2						
Graduation with Name of Exam						
Post Graduation with Name of Exam						

11. Professional Qualification

Examination	Roll No.	Year of passing	Board and University (Full name)	Total marks	Marks Obtained	Percentage

12. Experience (if any)

Designation	Organization/Company Name	Period	
		From	To

13. Correspondence Address.....

Pin Code.....Telephone/Mobile No.....
(With STD Code)

14. Permanent Address.....

Pin Code.....Telephone/Mobile No.....
(With STD Code)

DECLARATION BY THE CANDIDATE

I hereby solemnly declare that all statements made in this application are correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, ineligibility being detected before or after the examination, my candidature shall be cancelled.

Date.....

Place.....

(Signature of Candidate)