

**HIMACHAL PRADESH POWER CORPORATION LIMITED, SHIMLA-171005**

Application form for the post of J.O. (Geology)/ Advertisement No: HPPCL/ Appt.-II//10

**Kindly mention the name of the post on the Envelope**

**For Office Use Only**

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

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

Paste 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 Main Project Affected Family
  - ii) Candidates belonging to Project Affected Family.
  - iii) Candidates belonging to Project Affected Area.
  - iv) Candidates belonging to Project Affected Zone.

**Note:** Candidates belonging to Project Affected Families requested to attach documentary proof of their belonging to Project Affected Families 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) please fill up all details of your work experience.**

Designation	Organization/ Company Name	Period		Total Experience
		From	To	

**13. Details of fee remitted**

Draft No..... Draft Date .....Amount Rs.....  
 Bank Name..... Branch Name.....

**14. Correspondence Address** í

Pin Code í í í í í í í ..Telephone/Mobile Noí í í í í í í í í í í í í í í í í í  
 (With STD Code)

**15. Permanent Address** í

Pin Code í í í í í í í ..Telephone/Mobile Noí í í í í í í í í í í í í í í í í í  
 (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)**