

UTTAR PRADESH POWER CORPORATION LTD.

(An Undertaking of U.P. Government)

Advt. No. 3/VSA/2011

APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS IN ENGLISH)

Photograph

Paste 3.5x4.5 cm size,
good quality
recent/latest colour
photograph, to be self-
attested

Post Code : (Refer List I)	<input type="text"/>	Post Name & Branch :	<input type="text"/>
Name	:	<input type="text"/>	
DOB	:	<input type="text"/>	Gender : Male (M)/Female (F) <input type="text"/>
		D D M M Y Y Y Y	
Father's Name	:	<input type="text"/>	
Qualification Code (Refer List II)	:	<input type="text"/> Qualification	<input type="text"/>
Month & Year of Passing	:	<input type="text"/>	
		M M Y Y Y Y	
Marks	:	<input type="text"/>	(format xx.xx% do not round)
Course Duration	:	<input type="text"/> <input type="text"/>	Mode of Study <input type="text"/>
		Y Y M M	Full Time/Part Time/Correspondence
Address	:	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	Pin Code: <input type="text"/>
E-mail ID (Fill actual letters here)	:	<input type="text"/>	
Phone No. with STD code	:	<input type="text"/>	
Category Code (Refer List III)	:	<input type="text"/> Category	<input type="text"/>
Ex-Serviceman (Yes/No)	:	<input type="text"/> If yes Service Period: <input type="text"/> years <input type="text"/> months <input type="text"/> days	
Dependant of Freedom Fighter (Yes/No)	:	<input type="text"/>	
Handicap Category (Code) (Refer List VI)	:	<input type="text"/> If handicap Degree of Disability : <input type="text"/> % (Disability below 40% is not applicable)	
Centre Code/Name (Refer List V)	:	Choice 1 <input type="text"/> <input type="text"/> Choice 2 <input type="text"/> <input type="text"/>	
Apprenticeship (Yes/No)	:	<input type="text"/> If yes Duration of Apprenticeship (in months) : <input type="text"/>	
DD Details	:	No. <input type="text"/> Date <input type="text"/> Amount (Rs.) <input type="text"/>	

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the application are true and I shall furnish the necessary certificates in proof of the above at the time of Interview. If any information/details found to be incorrect/false at any stage of the selection or if any fact is found to have been concealed by me are detected even after the appointment, my services may be terminated.

Date ----- Place ----- Signature of Candidate -----