

MADHYA PRADESH ROAD DEVELOPMENT CORPORATION LTD.

(M.P. State Highway Authority)
(Govt. of M.P. Undertaking)

45-A, Arera Hills, Bhopal (MP) 462011

☎0755-2527290/2765205 Fax: 0755-2572643, Website: www.mprdc.gov.in

Bhopal, Date: 17/10/2022

No. 12305/MPRDC/377/HR/22

Appointment of Chief Engineer/Dy. General Manager/Asstt. General Manager on Contract/Deputation for MPRDC

			For Offic	e Use On	ly					
REG. No					REC	S.DATE:	1			
(Duly filled a		·	`		7 1	,			,	
Ball Point Pen only. The Candidate should	be an Iı	ndian Nat	ional.							
POST APPLIED FOR	WRITE: (Post Name)					Contract/Deputation				
 1. CANDIDATE'S NAME	(please	keep one b	ox blank be	tween firs	st name,	middle n	ame & s	surname)		
(FIRST NAME) 2. FATHER'S NAME			(MIDDLE N	AME)				(LAST NAME)		
(FIRST NAME)			(MIDDLE N	AME)				(LAST NAME)		
3.GENDER(Tick in box -	MALE /FE	MALE): I	MALE L			FE	MALE			
4.MARITAL STATUS		INGLE	MAR	RIED	WID	ow	DIV	ORCEE		
(TICK $$ ONE OF THE BOXES)										
						_	_			
5. CATEGORY APPLYIN	IG IN Plea	ase() tick on	ie Box): UF	₹	ST		SC _	OI	ВС	
6. DOMICILE OF M.P.:										
7.DATE OF BIRTH:	Day	Month [Year							
8. ADDRESS FOR COM	MUNICAT	TON (IN C	APITAL LE	TTERS)						
Name :										
F/H Name:										
Address :						Please affix one recent Photograph with				
:								attestation		
City/Town/Village:		Distt:								

Pin Code :

State:

9. CONTACT DETAILS STD Code: _____ Ph. No____ Mobile No._____ Email ID _____ **Signature of Candidate** SAME AS ABOVE 10. CANDIDATE'S PERMANENT ADDRESS: Name: F/H Name: Address: City/Town/Village: Distt: Pin Code : L State : 11. STATUS OF ACADEMIC QUALIFICATION Institute / Name of Examination Course Year of Total **Total Marks** %age of passed(from 12th **Passing** university Maximum obtained in Aggregate onwards) Marks of marks/ Grade all the group/ obtained in course years by final year/ final the candidate **Examination** 12th / intermediate, pre-university **GRADUATION POST GRADUATION** Other 12. EXPERIENCE DETAILS (Please indicate post qualification experience only): **POST NAME OF ORGANIZATION Nature of duties Period** Salary (Rs. Per Month)

Note:- Please enclose self-certified qualification certificate, experience certificate, Proof of DOB, Identity Proof along with online application.

DECLARATION

I hereby declare that the above particulars are true in every respect and nothing has been concealed or withheld by me. If any information furnished above is found false at any time, my candidature/appointment may be cancelled without any notice and legal action may be taken accordingly.

ENCLOSURE NO.1 TO 8)	S: (PLEASE TICK (\checkmark) THE ITEMS ATTACHED, IN THE BOX. ATTESTED COPIES OF SERIAL
1.	M.P. DOMICILE CERTIFICATE 2. CERTIFICATE FOR PROOF OF DATE OF BIRTH
3.	Certificate and MARK SHEET FOR ALL GROUP OF EXAM/YEARS
4.	NOC OF EMPLOYER (IF APPLICABLE)
5.	Date of Birth proof of third born child (if any) issued from competent authority.
6.	Copy of PPO from competent authority and Work Experience Certificate.
7.	CR of last 5 years.
8.	Copy of Aadhar Card and Voter ID
	<u></u>
PLACE:	
DATE:	CANDIDATE'S SIGNATURE