



POWER GRID CORPORATION OF INDIA LIMITED

(A Government of India Enterprise)

APPLICATION FORMAT FOR THE POST OF FIELD SUPERVISORS ON CONTRACT BASIS in ERTS-I (NOFN)

(Use Capital Letters only)

Diary No _____
(For office use)

Test Centre	Patna <input type="checkbox"/>
	Ranchi <input type="checkbox"/>
Employment Exchange Registration No., if any	
Medium of Written Test, if required	English <input type="checkbox"/>
	Hindi <input type="checkbox"/>

Personal Details

Name in full				Please Paste a Recently Taken Self Attested Photograph
Father's/ Husband's Name				
Date of Birth				
Marital Status		Gender		
State of domicile		Nationality		
Religion		Category	<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC(NCL)	
PH	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* Percentage of disability		
*If PH, Please specify category	<input type="checkbox"/> OH <input type="checkbox"/> HH <input type="checkbox"/> VH	PH Sub-category		
Minority Community	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, specify	<input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> Zoroastrians	
Ex Serviceman	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* if yes, date of discharge		
*Service from		*Service to		

In case you belong to SC/ST/OBC (NCL)/PH / Ex-servicemen, attach attested copies of relevant certificate(s).



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Contact Details

Address	Mailing	Permanent	
Nearest Railway Station			
Tel No		Mobile No	
Email ID			

Do you have any relative working / employed in POWERGRID ?

Yes		No	
If Yes, whether he / she is working as Employee or as Director in the Board of Directors			
As Employee		As Director	
If Director, then			
Name of Director			
Relationship			
If Employee			
Name of employee			
Designation		Emp. No.	
Place of Posting		Relationship	

Qualification Details (Enclose attested copies of certificates in support of your qualification)

Please fill from 10th onwards

Sl. No	Qualification	Specialization	Institute/ College and University	Year (From – To)	% of Marks/ CGPA	Division



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Bank Draft Details, if applicable

Name of the Bank	Issuing Branch	DD Number	Date of Issue	Amount (Rs.)

Do you suffer from any major ailment/ deformities (e.g. cancer, TB, etc.)

☐ Yes * ☐ No

* If yes, please give details _____

Have you ever been arrested/kept under detention/ bound by Police:

☐ Yes * ☐ No

Have you ever been prosecuted/ fined/ convicted or have any case pending in any court of law: ☐ Yes * ☐ No

* If yes, please give details _____

I hereby declare that the above information furnished by me is true and correct to the best of my knowledge. If any information is found to be false/ incorrect, it will disqualify me for employment in POWERGRID.

Place _____ Signature _____

Date _____ Name _____

Forward this Application Form through Ordinary Post along with relevant enclosures and DD (if applicable) to:

**The Advertiser (PG-ER1)
Post Box No.- 9248
Krishna Nagar Head Post Office
Delhi – 110 051**

So as to reach their by 14.02.2017