



मध्यप्रदेश रोड डेवलपमेंट कार्पोरेशन लि.
 (म.प्र. राज्य राजमार्ग प्राधिकरण)
 (म.प्र. शासन का उपक्रम)
 45-ए, अरेरा हिल्स, भोपाल-462011



(ऑफिस) 0755-2597290 / 2765205, फ़ैक्स: 0755-2572643, वेबसाइट: www.mprdc.gov.in

No. 2743/MPRDC/377/HR/22

Bhopal, Date: 10/05/2022

Appointment of Chief Accounts Officer on Contract Basis in MPRDC

For Office Use Only	
REG. No	REG.DATE:

(Duly filled application may be sent through ordinary post only at prescribed address)

Please read the terms and conditions carefully and fill the -Application Form in Capital Letters in Black Ball Point Pen only.

The Candidate should be an Indian National.

POST APPLIED FOR	WRITE: (Post Name)
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1. CANDIDATE'S NAME (please keep one box blank between first name, middle name & surname)

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)
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2. FATHER'S NAME

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)
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3. GENDER (Tick in box - MALE / FEMALE) : **MALE** **FEMALE**

4. MARITAL STATUS (TICK ✓ ONE OF THE BOXES) **SINGLE** **MARRIED** **WIDOW** **DIVORCEE**

5. CATEGORY APPLYING IN Please() tick one Box: **UR** **ST** **SC** **OBC**

6. DOMICILE OF M.P.:

7. DATE OF BIRTH: / /
 Day Month Year

8. ADDRESS FOR COMMUNICATON (IN CAPITAL LETTERS)

Name :
F/H Name :
Address :
City/Town/Village: Distt:
State : Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<p>Please affix one recent Photograph with attestation</p>
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9. CONTACT DETAILS

STD Code : _____ Ph. No _____
 Mobile No. _____
 Email ID _____

Signature of Candidate

10. CANDIDATE'S PERMANENT ADDRESS:

SAME AS ABOVE

Name :	
F/H Name :	
Address :	
:	
City/Town/Village:	Distt:
State :	Pin Code : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

11. STATUS OF ACADEMIC QUALIFICATION

Name of Examination passed(from 12th onwards)	Course	Year of Passing	Total Maximum Marks of the course	Total Marks obtained in all group/ years by the candidate	%age of Aggregate marks/ Grade obtained in final year/ final Examination	Institute / university
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.

ENCLOSURES: (PLEASE TICK (√) THE ITEMS ATTACHED, IN THE BOX. ATTESTED COPIES OF SERIAL NO.1 TO 8)

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.
8. Copy of Aadhar Card and Voter ID

PLACE:

DATE :

CANDIDATE'S SIGNATURE