



**ASSAM ELECTRICITY GRID CORPORATION LIMITED**

OFFICE OF THE MANAGING DIRECTOR

Regd. Office:(FIRST FLOOR), BIJULEE BHAWAN, PALTANBAZAR; GUWAHATI - 781001

CIN: U40101AS2003SGC007238GSTIN: 18AAFCA4973J9Z3

PHONE: 0361-2739520Web: [www.aegcl.co.in](http://www.aegcl.co.in)

**APPLICATION FORM**

**(TO BE FILLED UP IN CAPITAL LETTERS)**

Affix a copy of signed photograph here and attach a copy of the same photograph with the application

**Advt. No.**.....

**Dated**.....

1. POST APPLIED FOR: **“Individual Consultant For Social Safeguard”**
2. NAME OF THE CANDIDATE (SHRI/SMTI): \_\_\_\_\_
3. FATHER'S/HUSBAND'S NAME: \_\_\_\_\_
4. DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_  
(Date of Birth must be supported by an attested copy of certificate or admit card issued by Board/ Council of Secondary/ Higher Secondary Education)
5. AGE ON 01/03/2025: \_\_\_\_\_
6. NATIONALITY: \_\_\_\_\_
7. RELIGION: \_\_\_\_\_
8. STATE OF DOMICILE: \_\_\_\_\_
9. GENDER (Please indicate  $\sqrt{\quad}$ ): Male  Female  Transgender
10. ADDRESS FOR CORRESPONDENCE:  
House No. / Street Name: \_\_\_\_\_  
Village/ City: \_\_\_\_\_  
District \_\_\_\_\_ State: \_\_\_\_\_  
Police Station: \_\_\_\_\_ Post Office: \_\_\_\_\_  
PIN: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
E-mail: \_\_\_\_\_
11. PERMANENT ADDRESS:  
House No. / Street Name: \_\_\_\_\_  
Village/ City: \_\_\_\_\_  
District \_\_\_\_\_ State: \_\_\_\_\_  
Police Station: \_\_\_\_\_ Post Office: \_\_\_\_\_  
PIN: \_\_\_\_\_ Mobile No: \_\_\_\_\_
12. Caste/Category (Please indicate): SC  ST  OBC  MOBC   
(Attested Copy of Caste Certificate issued by Competent Authority must be enclosed with the application)

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## 13. EDUCATIONAL QUALIFICATION (ANNEX EXTRA SHEET IF REQUIRED):

Name of the Examination Passed	Year of passing & duration of course	Name of Course / Degree	Name of the Board/ University/ Institute	Class/ Division	% of marks obtained
Graduation Degree					
Post-Graduation Degree					
Any Other Qualification (Please Specify)					

(Attested copies of all relevant mark sheets must be enclosed with the Application)

## 14. POST QUALIFICATION EXPERIENCE (ANNEX EXTRA SHEET IF REQUIRED):

Name & Address of the organization/Employer	Post Held	Nature of Job	Experience		
			No. of years	From	To

## 15. PARTICULARS OF APPLICATION FEE:

Demand Draft No.:

Date:

Amount:

**DECLARATION**

I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature/engagement is liable to be cancelled.

Place:

Date:

**Signature of the candidate**