MAHARASHTRA ELECTRICITY REGULATORY COMMISSION

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	Ap	plicatio	n forn	ı			
Application for the post	t of:						
1. Indicates whether appl	icant desire	s to apply f	or Nomina	ation or De	eputatio	n:	
2. Full Name (with capital Surname First Name Father's / Husband's Name	letters)						
3. Date of Birth:	DD	MM	Y	YYY			
4. Gender : (Write (M) for Male and	(F) for Fema	ale					
5. Category: Write UR for Unreserved ST for Scheduled Tribe / OBC for Other Backw (OBC candidates comin category as GEN). This column should no	e / VJ for Vimu ard Class ng under 'Cre	ukta Jati, NT eamy Layer'	for Noma				
5. Postal Address	:						
(If residential address							
postal address, please)					
(Please note that the N send all the correspon		Dist		Stat	e		
at this address)		PIN CODE]	
6. Telephone No(s) with S	STD Code:	Office:					
		Residence					
		Mobile :					
		Fax No:					
		E-mail:					
7. Educational Qualifica	tions: (starti	ing with Fir	st Degree)			

SR. NO.	DEGREE	UNIVERSITY / INSTITUTION	YEAR	% OF MARKS OBTAINED	SUBJECT:MAJOR/ SUBSIDIARY
1					
2					

3			
4			
5			
6			

8. Details of Experience:

-	NAME AND ADDRESS	JOB PROFILE	PERIOD		DURATION	
NO.	OF THE EMPLOYER		FROM	то	YEARS	MONTHS

9. Present Salary:

10. Particulars of Examination Fees:

NAME OF THE DRAWEE BANK AND BRANCH	DD NO.	DATE OF DD	AMOUNT (RS.)

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11. Have you ever-faced any Vigilance Enquiry or enquiry by anti-corruption bureau/Central Bureau of Investigation or any other Investigative Organization:

Please write YES or NO

If Yes: Please indicate in brief, the details of the Vigilance Enquiry and outcome thereof (If exonerated, a copy of the order passed by the competent authority may be furnished)

- Note: 1. Please ensure that no column is left blank;
 - 2. Extra sheets may be attached if required
 - 3. Incomplete Applications will be liable to be rejected

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false / incorrect or that I do not satisfy the eligibility criteria according to the MERC, my candidature / appointment is liable to be cancelled / terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

Place:

Date :

DECLARATION

FORM – A

(See Rule 4)

I, Shri/Smt./Kum	
son/daughter/wife of Shri,	aged
years, resident of	•••••

do hereby declare as follows :-

1. That I have filled my application for the post of

2. I have (Number) living children as on today.

Out of which No. of children born after 25th March 2005 is (mention date of birth, if any).

3. I am aware that, if any total number of living children are more than two due to the children born after 25th March, 2005, I am liable to be disqualified for the same post.

Place :

Date :

(Signature)