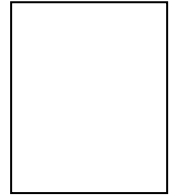


MAHARASHTRA ELECTRICITY REGULATORY COMMISSION

Application form



Application for the post of : _____

1. Indicates whether applicant desires to apply for Deputation: _____

2. Full Name (with capital letters)

| | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Surname | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father's / Husband's Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Date of Birth:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DD | MM | YYYY | | | |

4. Gender :
(Write (M) for Male and (F) for Female)

5. Whether possessing Domicile certificate issued by the Competent Authority of Govt. of Maharashtra?:

6. Postal Address : _____
(If residential address is the postal address, please indicate so)
(Please note that the MERC will send all the correspondence at this address)
Dist _____ State _____

PIN CODE

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

7. Telephone No(s) with STD Code: Office: _____
Residence: _____
Mobile : _____
Fax No: _____
E-mail: _____

8. Educational Qualifications: (starting with First Degree)

| SR. NO. | DEGREE | UNIVERSITY / INSTITUTION | YEAR | % OF MARKS OBTAINED | SUBJECT: MAJOR/ SUBSIDIARY |
|---------|--------|--------------------------|------|---------------------|----------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

9. Details of Experience:

| SR. NO. | NAME AND ADDRESS OF THE EMPLOYER | DESIGNATION | JOB PROFILE | PERIOD | | DURATION | |
|---------|----------------------------------|-------------|-------------|--------|----|----------|--------|
| | | | | FROM | TO | YEARS | MONTHS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

10. Present Pay Scale and Salary:

11. Details of Annual Confidential Reports of Last Five Years:

| YEAR | GRADE |
|---------|-------|
| 2012-13 | |
| 2013-14 | |
| 2014-15 | |
| 2015-16 | |
| 2016-17 | |

12. 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 :

Signature of the Applicant