

ODISHA HYDRO POWER CORPORATION LIMITED APPLICATION FORM FOR THE POST OF COMPANY SECRETARY

Advertisement No. OHPC: HQ: HRD: RECTT: 04/2023 dated 21.11.2023 [Application to be submitted in A4 size paper only]

FILL IN CAPITAL LETTERS AND SIGN AT THE BOTTOM OF EACH PAGE

		-
1. Post Applied For:	COMPANY SECRETARY	Paste one recent passport size colour photograph signed
2. Name (in Capital B	lock Letters):	on the front.
First Name:		Do not staple or pin.
Middle Name:		DO HOCOLOGICA
Last Name:		
3. (A) Address for Co	orrespondence: (Do not mention your name)	
	POLICE STATION-	
POST-	DIM	
DISTRICT-	STATE- PIN	
Contact Telephone No	o. Mobile No.	
E-mail: (Active for the next 06	s months)	
(B) Nearest Raily	vay Station/Bus Stand from mailing address mentioned above:	
State:		
4 Date of Birth	: (as recorded in Matriculation or equivalent certificate)	
Date	Year	
5. Age as on 01	.11.2023: Years Month (s) Day (s)	
6. Sex (' √ '): №	ale Female Third gender	
7. Marital Sta	tus (' V '):- Unmarried Married	*
8. Father's/Hu	sband's Name:	

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(Full Signature of the Candidate) _____

General	SC ST	SEBC	ed copies of	relevant cer	tificate
issued by the Comp	petent Authority)				
). State of Domicile:					
1. Additional Inforn	nation: (Please put a ' V ' mar	k in the appropriate k			
A) Ex-Serviceman	(B) Spo	rts person	(C) PwD		
2. Nationality:					
.3. Age Relaxation cla		NO	Use '√		
L4. Essential Qualifica	ation: (attach Certificate/ Ma	rksheet as per the de	etailed adver	tisement)	
Examination Passed	Name of the Institute & University	Discipline/Subject	Course Duration	Year & Month of Passing	Percentage of marks
					· · · · · · · · · · · · · · · · · · ·
n case of CGPA/Grad	es please give equivalent pe	rcentage			
	es please give equivalent pe				
	es please give equivalent pe difications (attach Certifcate, Name of the Institute &University		Course Duration	Year & Month of Passing	Percentage of marks
15. Educational Qua Examination Passed	lifications (attach Certifcate,	/ Marksheet):		Month of	
15. Educational Qua Examination Passed	lifications (attach Certifcate,	/ Marksheet):		Month of	
15. Educational Qua Examination Passed	lifications (attach Certifcate,	/ Marksheet):		Month of	
15. Educational Qua Examination Passed	lifications (attach Certifcate,	/ Marksheet):		Month of	
15. Educational Qua	lifications (attach Certifcate,	/ Marksheet):		Month of	
Examination Passed 10 th /HSC	lifications (attach Certifcate,	/ Marksheet): Discipline/Subject		Month of	

16. Work Experiences (attach copy of certificates):

16	16. Work Experiences (attach copy of certificates):						
SI. No.	Employers Name & Address	Dura (DD/MN	ntion M/YYYY) To	Post Held/ Designation	Nature of Duties/ Work Details	Gross Annual Emoluments (in Lacs)	Pay Scale
		Date	Date				
					,		
		\$					

17	Additional	Details

(i) Tick from the following activities to indicate in which one/ all you can perform in Odia language:

Tiell II on the			
Speak Odia	Read Odia	Write Odia	

(ii) Tick from the following Odia language eligibility standard (s) applicable:

Tick from the following Odia language enginitry standard (5) approximation	4
Proced Middle School Examination with Odia as a Language Subject.	
b. Passed HSC or Equivalent Examination with Odia as medium of examination in Non-	
language subject.	
c. Passed in Odia as Language subject in the Final Examination of Class VII from a School or	
c. Passed in Odia as Language subject in the Final Extended of Odisha or the Central Government. Educational institution recognized by the Government of Odisha or the Central Government.	
d. Passed a Test in Odia in Middle English School Standard conducted by the School and	
Mass Education Department of the Govt. of Odisha.	



18. DECLARATION:

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me & I fulfil these conditions. I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed therein. I shall furnish the necessary certificates in proof of the above along with the application. I understand that in the event of any information being found false at any stage or not satisfying the eligibility criteria according to the requirements of the post, my candidature/appointment is liable to be cancelled/terminated.

Place:	
Date:	(Full Signature of the Candidate)
<u>List of Supporting documents: (As per the detailed advertisemen</u>	<u>t)</u>
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