

NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED (A Government of India Enterprise) M.P. ZONAL OFICE

Plot No. DK-1/110, Danish Kunj , Kolar Road, Bhopal, M.P.-462042

Website: www.npcc.gov.in

Advt. no;- NPCC/MPZO/ADV/2025-26/ 171 dated 04.07.25

Affix Your Recent Passport Size Colour Photograph

1.	Nai	Name of Candidate (as recorded in Matriculation or equivalent certificate)																									
2.	Fat	her'	's N	am	ne (as r	ес	ord	ed	in A	∕lat	ricu	Jlat	ion	or	equ	Jivo	aler	nt c	erti	fico	ate)	:				
3.	Мо	the	r's N	Var	ne	(as	rec	corc	ded	lin	Мо	itric	ula	tior	n or	ес	uiv	ale	nt d	cer	lific	ate	•)				
4.	Sex (Male / Female): 5. Religion:																										
6.	Ма	rital	Sto	sutc	(If	mc	arrie	d, r	nan	ne (of s	ро	use)		(Spo	SUC	e N	am	ne 8	k No	atic	na	lity)		
	Married Unmarried											t c															
7. a). Date of Birth: b). Birth Place/District: c). Birth State/UT:																											
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d).	Nati	Nationality: e). Mother Tongue:																									
f).	L Age	as c	on d	dat	e (i	.e. 3	30/0	06/2	202	5):	Ye	ars		/	lon	ths.			Day	/S							
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10). Lar	ngu	age	es K	nov	wn:																					
	Language					Read				b				Write					Speak								

S.No.		Year of	University	y/ Sub	jects	Marks	% of		
	Examination	Passing	Board			obtained	marks		
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	ghest qualificat								
	aining received								
14. Ex	perience (Pleas	e give detail	s thereof, (use separ	rate sheet	if required)			
Name	e of	Post Held		From	То	Job Desc	Job Description		
Orgai	nization								
15 C	orrespondence	Address:							
10.00		7.001033.							
16 Pe	ermanent Home	Address:	PIN		Ph	one No.:			
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			PIN		Ph	one No.:			
17. PA	AN No.:								
18. Ac	adhar Card No.	• •							
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- 20. Contact Mobile No.:
- 21. Valid E-Mail ID:
- 22. Passport No.:______ Valid up to_____
- 23. Any other information:

Note: Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

I solemnly declare that the above information is true / correct and I understand that in the event of the information found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: Signature