# ADVERTISEMENT NO. MSEBHCL 02/2021 FORMAT FOR THE POST OF DIRECTOR (HUMAN RESOURCES). MSEDCL

### PART- A

### A) <u>PERSONAL INFORMATION</u>

| 1.         | Name in full  |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|------------|---|------|-----|------|------|------|-----|-------|-----|------|-----|------|------|---|---|-----|---|---|---|--|
| 2.         | Whether currently( V)   |      | Wo  | rkin | g    |      |     |       |     |      |     | Re   | tire | d |   |     | • | • |   |  |
| 3          | Present Designation: (In<br>case of retired persons, post<br>held at the time of<br>retirement) |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
| 4          | Office /Department  |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
| 5          | Scale of Pay  |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
| 6          | Date of Birth   | D    |     | D    |      | -    |     | М     |     | M    | -   |      | Y    |   | Y |     | Y |   | Y |  |
| 7          | Age as on date of<br>publication of<br>advertisement<br>(25/05/2021)                            |      |     |      | _    |      | _Ye | ears  |     |      | _M  | onth | 5    |   |   | Day | S |   |   |  |
| 8          | Nationality   |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
| 9          | Whether belonging to Backward category ()   |      | Y   | e s  |      |      |     | •     |     |      |     |      | N    | 0 |   |     | • |   |   |  |
| 10         | [SC/ST/VJ(A)/NT(B)/<br>NT(C)/NT(D)/SBC/OBC]   |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
| 11         | Full Address (Office)   |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            |   |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            |   |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            |   |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            | Tel No  |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            | Mob No  |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            | Email   |      |     | 1    |      | 1    | 1   |       |     |      |     |      | I    |   | 1 |     | 1 |   |   |  |
|            | Residence   |      |     |      |      |      | 1   |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            |   |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            |   |      |     |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            | Tel No  |      |     |      |      | -    |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            | Mob No  |      |     |      |      | -    | -   |       |     | -    |     |      |      |   |   |     |   |   |   |  |
|            | Email   |      |     |      |      | I    |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
| 12         | Present Emoluments or la  | st e | mo  | lume | ents | s in | cas | se of | ret | ired | per | son  |      |   |   |     |   |   |   |  |
|            | Basic Pay   |      | ٦s  |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
| <b>—</b> — | Dearness Pay/allowance  | _    | Rs. |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            | Special Pay if any  | _    | Rs  |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            | H.R.A   | _    | Rs  |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
| <b>—</b> — | Other Allowances  | F    | Rs  |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |
|            | Tota  | _    | Rs  |      |      |      |     |       |     |      |     |      |      |   |   |     |   |   |   |  |

# B) QUALIFICATION

| Educational Qualification  | Degree     | University/Institute | Year of<br>Passing | Class / % of<br>Marks obtained |
|--|------------|----------------------|--------------------|--------------------------------|
| Academic   |            |                      |                    |                                |
| Professional   |            |                      |                    |                                |
| Details of affiliation with<br>Professional Bodies/<br>Institution/Society<br>(Name) | Membership | No.                  | Since When         |                                |
|  |            |                      |                    |                                |

### C) **EXPERIENCE**

Details of posts held from time to time

| Sr<br>No | Post held &<br>Scale of Pay | Office | Peri | iod |       | otal<br>rience | Nature of job |
|----------|-----------------------------|--------|------|-----|-------|----------------|---------------|
|          |                             |        | From | То  | Years | Months         |               |
|          |                             |        |      |     |       |                |               |
|          |                             |        |      |     |       |                |               |
|          |                             |        |      |     |       |                |               |
|          |                             |        |      |     |       |                |               |

# D) T<u>RAINING</u>

Details of training undergone in India and abroad

| Name of<br>training<br>program | Institute<br>Where training<br>was received | Nature of training | Achievement |
|--------------------------------|---|--------------------|-------------|
|                                |   |                    |             |
|                                |   |                    |             |
|                                |   |                    |             |

E)

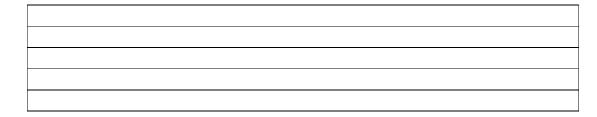
### FOR PRIVATE SECTOR EXECUTIVES:

| i)   | Average Annual turnover of last three years<br>of Company where working presently (Pl<br>attach copy of audited P&L Account. |   |  |  |  |  |  |  |  |  |  |
|------|--|---|--|--|--|--|--|--|--|--|--|
| ii)  | Details of position held at Board level/Below Bo   | oard level  |  |  |  |  |  |  |  |  |  |
|      | Name of your current post  |   |  |  |  |  |  |  |  |  |  |
|      | (Please provide your DIN number if you are pres<br>If you are working at one level below Board, ple                          | resently a board member in your company.<br>please attach organization chart of your company. |  |  |  |  |  |  |  |  |  |
|      | Registered Address of Employer   |   |  |  |  |  |  |  |  |  |  |
|      | Phone No. and Email ID of your employer  |   |  |  |  |  |  |  |  |  |  |
| iii) | Details of Stock Exchange listing (give details)<br>(Name of Exchange, Security Symbol and ISIN)                             |   |  |  |  |  |  |  |  |  |  |

| Sr. | Designation | Name of Company | Duration  |         |  |  |
|-----|-------------|-----------------|-----------|---------|--|--|
| No. |             |                 | From Date | To Date |  |  |
|     |             |                 |           |         |  |  |
|     |             |                 |           |         |  |  |
|     |             |                 |           |         |  |  |
|     |             |                 |           |         |  |  |

### F) \_Number of terms working as a Director in MAHADISCOM / MAHAGENCO / MAHATRANSCO

#### G) List of Publication/Academic honors received:



H) (1) Whether facing any Charge sheet for the criminal offences in any of the court or any FIR for criminal offence is registered against you in any of the police station. : YES/ NO

If Yes, please give details by attaching a separate sheet(s)..

(2) Whether any disciplinary action has been taken against you by your employer in the past or the same is pending or it is under contemplation: YES / NO If Yes, please give details by attaching a separate sheet(s)..

I) If selected, minimum time required for joining the post:

J) Any other information: (Candidates can attach additional sheets for this)

I certify that the details furnished by me, wherever applicable, are true to the best of my knowledge and belief. In addition, it is certified that I meet the eligibility criteria as prescribed in the advertisement for this post.

I further declare that I have not been disqualified as a Director under Section164 or any relevant sections of the companies Act 2013 r.w.the rules made there under.

Date : Place:

#### Signature

**Note:** (i) Copies of testimonials in support of age, qualifications, experience etc. may be furnished wherever necessary or where it is specifically mentioned.

(ii) MSEBHCL reserves the right to seek information regarding service record and disciplinary action for the candidate from present or previous employers.

# PAR T - B

### (In case of Deputation)

### Name of the Organization:

It is certified that:

- 1. The date of birth, qualification, experience and other details given by Shri \_\_\_\_\_\_, in Part–A have been verified and found correct.
- 2. The integrity of Shri .....is beyond doubt.
- 3. No vigilance or disciplinary proceeding is pending or contemplated against the officer concerned.
- The MSEB Holding Company will be informed at the earliest, if any vigilance or disciplinary proceeding is initiated or contemplated against the officer, after his/her application is forwarded.
- 5. Up-to-date ACR dossier of the concerned officer is enclosed herewith.
- 6. It is certified that Shri......would be allowed to retain lien in his regular post of .....during the period of his appointment as Director on deputation basis.

Organization Ref.No. Date:

Signature of the Authorized Officer (Name & Designation) Seal of the Officer

Date :

Place :

Full address of the Authorized Officer (With telephone/ Fax No./Email ID)