

Office of Chief General Manager(T&S)
Institute of Training & Safety,
MSEDCL, Chummary No.1, NTPS Colony,
Eklahare, Nashik (M.S.) 422105

ISO 9001:2008
Email: amhrexam@gmail.com
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CGM/T&S/NSK/Dept.Exam/Timetable/1008 Date: 13/08/2019

C I R C U L A R

Sub: Scheduled Programme of **Online Departmental Examinations** from July, 2019 to Dec, 2019.

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The Scheduled Programme of **Online Departmental Examinations** from **July, 2019 to Dec, 2019** is given as below. Applications are invited from the eligible employees who intend to appear to respective examination.

Sr. No.	Name of Examination	Date of Exam.	Due Date for submission of online application.
1	95 th Professional Exam.	12/13.10.2019	25.09.2019
2	109 th Higher GAD Exam.	09/10.11.2019	24.10.2019
3	101 th Higher Accounts Exam.	28/29/30.12.2019	17.12.2019
4	109 th Marathi Language Exam.	22.12.2019	12.12.2019

The detailed subject wise / paper wise / examination wise / date wise time table will be communicated shortly. The necessary details in this regards along with emergency changes occurred in programme schedule will be intimated accordingly.

Instruction:

Sending of proper scan copy of application form on E-mail Id (amhrexam@gmail.com) is only for correspondence.

Mobile photos will not be considered for enrollment.

Submission of the "HARD COPY" of the application form is "COMPULSORY".

The employees who intend to appear to respective examination should submit their applications in their own hand writing in the prescribed form, which is available on **Employee Portal for MSEDCL Employees** & on **website of www.mahatransco.in for MSETCL Employees** below to this letter. Each candidate /examinee should write his Full Name & C.P.F. No. on the application form. Each and every column of the application form should be filled in neatly and properly.

The applicant should mention all details of the examination i.e. Exam No., Seat / Roll No., of the examination in the application form, without fail in which he has got exemptions in one or more papers to avoid back references and keeping their results in abeyance for want of required information. Applicant should take care that their applications are received in this office on or before the Due / Last date of submission mentioned against respective examination in this circular.

Applications received after due date of submission, / incomplete applications, will not be accepted and will be summarily rejected. They will not be considered for allotment of Roll Nos. This should be brought to the notice of all applicants and such applications should not be forwarded to this office. Application sent by Fax will not be accepted please note.

Address for sending Applications:- **amhrexam@gmail.com**

Asstt. Gen. Manager (HR),
Department of Training & Safety,
M. S. E. D. C. L. Chummery No. I,
At Post: Eklahare, Taluka: Nashik,
District - Nashik - 422 105

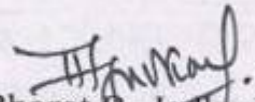
Important Note :	1) All Employees who intend to appear to examination require submitting their applications Online.
	2) Link for Online Application will be provided shortly.

All Department Heads, Superintending Engineers & Executive Engineers are requested to bring this circular to the notice of employees working up to Sub divisional Offices. Copies of the circular should be sent to Sub Divisional Offices and wide publicity should be given to it.

No accommodation facility is provided.

The candidate must bring Hall Ticket/Letter of Cognizance **COMPULSORY** in the prescribed format only (2 copies-Original and Duplicate) and only valid Identity Card of Company for appearing the examination in examination hall. Unless having above documents, employee will not be permitted to enter the examination hall for appearing the examination, under any circumstances.

Hard copy of this Circular is will not be sent to any Office.


(Bharat B. Jadhkar)
Chief General Manager (T&S)
Eklahare, Nashik.

Copy submitted with respect to:

- 1) The Executive Director (HR), M.S.E.D.C.L., Prakashgad, Mumbai.
- 2) The Executive Director (HR), M.S.E.T.C.L., Prakashganga, Mumbai.

----- For kind information please.



(A Govt. of Maharashtra Undertaking)

CIN: U40109MH2005SGC153645

ISO 9001:2008

Common Application Form for Departmental Examination HIGHER GAD EXAM / HIGHER ACCOUNTS EXAM/ PROFESSIONAL EXAM / MARATHI LANGUAGE EXAM to eligible employees working in **MSEDCL MSETCL MSPGCL**

Name of Exam _____ Exam No _____ Date of Exam ____/____/____

Mention particulars of Exam Name/Exam No/date for which appearing)

Note: Application to be filled in by the candidate in his own handwriting

Affix recent passport size photograph with duly attested Signature of Controlling Officer with seal of Office. (DO NOT STAPLE)

PART I (To be filled in by Exam Cell)

1. Sr. No. _____
Roll No / Seat No. _____

PART- II

1. Name in full Surname/Shri/Smt :- _____
First Name :- _____
Fathers/Husbands Name :- _____
2. C. P. F. No :- _____
3. Mobile No. :- _____
4. Present Designation :- _____
5. Designation at the time of joining :- _____
6. Date of joining in the Board/Co :- _____
7. Date of joining in the present Post :- _____
8. Cadre to which allotted (Accounts/GAD/Stores/Civil/) :- _____
9. Present place of working S/Dn _____ Divn _____
Circle _____ Zone _____
- Office Contact No with STD Code :- (_____) (_____)
10. Company to which attached (GENCO/TRANSCO/DISCOM) :- _____
11. Examination Centre (NASHIK / AMRAVATI) :- _____
12. Educational Qualification :- _____
13. Details of passing Lower GAD/Accounts: A) Exam No & Dt Exam _____
B) Roll No _____
C) Result O.O.No & Date: _____

Employee Name & C.P.F No. :- _____

NAME & NO. OF EXAMINATION :- _____

PART III

14. Attempt No (in case of second or more attempts) give details

Attempt No	Roll No	Examination No	Date of examination

15. Whether appearing for all Papers (Yes / No) _____

(a) If no, papers appearing now _____

16. Whether appearing for part thereof, if so, give details of exemptions and previous exam passed.

(Attach attested Xerox copies of exemption order)

(All columns, should be filled in)

Paper No	No of exam	Roll No	Marks Out of 100	Result / Exemption Office Order No & Date

17. Whether permission given for switchover from Accounts to GAD Cadre or vice versa, if so give details as below

a) Give details of Office Order No & Date _____

(Also, attach attested Xerox copy of the switch over order)

Employee Name & C.P.F No. :- _____

NAME & NO. OF EXAMINATION :- _____

18. If permission as above is not granted, please mention whether necessary written undertaking as per G.O. 7 and C.S.No 6 dtd 02-07-73 to GSO 110 is submitted.

Or otherwise (Give details) _____

19. Date of submission of application _____

20. Remarks if any _____

DECLARATION

I, hereby declare that the information given above against each column is correct according to my knowledge and belief. The Xerox copies of exemption orders are also attached and duly attested by Pay Gr I Officer. If any discrepancy or incorrectness is found in the information, action as deemed fit may be initiated against me.

DATE.

Name, Signature of the Candidate

PART - IV

Outward No.GAD/EXAM/

DATE:

1. The details mentioned in the application by the above employee working in the division/ circle office/ zonal office have been verified from his/her Service Book and are found to be correct.

2. The Xerox copies of exemption order attested by pay group I officer of the Company are seen by me and they are found to be correct. The copies are attached herewith.

**Signature of Certifying/Controlling Officer with
Name Of Office (Office Rubber stamp)
(To be signed not below the rank of
Executive Engr. / Dy.EE /A.E.)**

NOTE; Application by fax will not be entertained on any ground as the fax matter cannot be read after some time. All columns should be filled in, if the columns are not applicable it should be written "Not applicable ". Incomplete applications / Not submitted through Controlling Officers, are rejected/ filed without any action and correspondence, please note.