



**ADVERTISEMENT NO MSEBHCL 03/2020**

**ADVERTISEMENT FOR THE POST OF  
DIRECTOR (OPERATIONS)**

The MSEB Holding Company for its subsidiary company namely **Maharashtra State Power Generation Company Ltd. (MSPGCL)** requires to fill in position of **Director (Operations)** amongst experienced, talented power sector professionals with impeccable performance history and observable leadership traits.

This position is at the Board level and the incumbent shall report to the Chairman & Managing Director.

| <b>Desired Educational Qualification &amp; Experience</b>                                                                                                                                                                  | <b>Key Skill Requirements</b>                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Shall be Graduate Engineer with minimum 15 years experience out of which minimum five years should be at the level of Chief Engineer in a State Electricity Board or General Manager in a major Generation company or PSU. | In depth knowledge and experience of managing the Power Generation at the levels mentioned in experience requirement. |

**For Private Sector Executives, the following conditions should also be fulfilled.**

- (i) Executives should be working in companies where the annual turnover is in excess of Rs.100 crores.
- (ii) Executives should be working at Board level position or non-Board level position reporting directly to the Board (i.e. One position below the Board)
- (iii) Executives should be working in Private Companies listed on Stock Exchange.

**Age limit:**

Minimum age - 45 years

Maximum age - 60 years

(as on the last date of submission of application)

**Deputation:**

The officers working in Central / State Government and in Central / State PSUs processing the desired qualification & experienced can be considered for selection on deputation basis. They should submit their applications through proper channel as per Format "A" & "B".

**Skills**

Applicant should possess effective communication, analytical & problem solving skills, good employee management skills and effective leadership qualities with strong customer service orientations.

**Compensation:**

The compensation for above post shall be largely comparable to that offered by similar sized PSUs. However, the same is negotiable.

In case of candidates on deputation from Govt / PSUs, the remuneration will be in accordance with the normal rules of deputation applicable in such cases.

**Duration:**

The position is for contract / deputation of duration of 3 years with the condition of performance review at the end of each year linked with the review of contract.

**Residential Accommodation:**

Unfurnished accommodation can be provided by the Company at a concessional rent subject to availability. In case accommodation is not provided, HRA at the rate applicable to the company employees shall be paid.

The details of the company, is available on the Website: [www.mahagenco.in](http://www.mahagenco.in).

All interested candidates are instructed to refer the website from time to time for any changes / amendments / cancellation. No separate advertisement will be issued for any subsequent changes.

If you are the one who is looking for and interested in making a career in power sector in Maharashtra, then post your application in the prescribed format with documents at the address given below OR by sending email on [msebhcl.recruitment@gmail.com](mailto:msebhcl.recruitment@gmail.com) on or before **18/01/2021**.

**Address for sending applications by physical means:**

CGM(HR), MSEBHCL, HSBC Bank Bldg. 4th Floor, M.G. Road, Fort, Mumbai-400001. Phone :022-22608383

*Please On the front side of Envelope, please write "Application for the post of Director (Operations), MSPGCL"*

**Email Address for sending applications online: [msebhcl.recruitment@gmail.com](mailto:msebhcl.recruitment@gmail.com)**

*Please ensure to attach scanned copy of all the relevant documents while sending application by email. The candidate will have to show / provide original copy of the documents as and when the same will be required during the selection process.*

## PART- A

## A) PERSONAL INFORMATION

|    |                                                                                        |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|----|----------------------------------------------------------------------------------------|-------------------------------------|--|---|--|---|---|---------|---|--|---|---|--|---|--|---|--|---|--|
| 1. | Name in full                                                                           |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
| 2. | Whether currently(✓)                                                                   | working                             |  |   |  |   |   | Retired |   |  |   |   |  |   |  |   |  |   |  |
| 3  | Present Designation: (In case of retired persons, post held at the time of retirement) |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
| 4  | Office /Department                                                                     |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
| 5  | Scale of Pay                                                                           |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
| 6  | Date of Birth                                                                          | D                                   |  | D |  | - | M |         | M |  | - | Y |  | Y |  | Y |  | Y |  |
| 7  | Age as on the last date of submission of application<br><b>(18/01/2021)</b>            | ____Years    ____Months    ____Days |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
| 8  | Nationality                                                                            |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
| 9  | Whether belonging to Backward category(✓)                                              | Yes                                 |  |   |  |   |   | No      |   |  |   |   |  |   |  |   |  |   |  |
| 10 | [SC/ST/VJ(A)/NT(B)/ NT(C)/NT(D)/SBC/OBC]                                               |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
| 11 | Full Address (Office)                                                                  |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    |                                                                                        |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    |                                                                                        |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    |                                                                                        |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Tel No                                                                                 |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Mob No                                                                                 |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Email                                                                                  |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Residence                                                                              |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    |                                                                                        |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    |                                                                                        |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Tel No                                                                                 |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Mob No                                                                                 |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Email                                                                                  |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
| 12 | Present Emoluments or last emoluments in case of retired person                        |                                     |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Basic Pay                                                                              | R s                                 |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Dearness Pay / allowance                                                               | R s                                 |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Special Pay if any                                                                     | R s                                 |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | H.R.A                                                                                  | R s                                 |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Other Allowances                                                                       | R s                                 |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |
|    | Total                                                                                  | R s                                 |  |   |  |   |   |         |   |  |   |   |  |   |  |   |  |   |  |

**B) QUALIFICATION**

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

**C) EXPERIENCE**

Details of posts held from time to time

| Sr No | Post held & Scale of Pay | Office | Period |    | Total Experience |        | Nature of job |
|-------|--------------------------|--------|--------|----|------------------|--------|---------------|
|       |                          |        | From   | To | Years            | Months |               |
|       |                          |        |        |    |                  |        |               |
|       |                          |        |        |    |                  |        |               |
|       |                          |        |        |    |                  |        |               |
|       |                          |        |        |    |                  |        |               |
|       |                          |        |        |    |                  |        |               |

**D) TRAINING**

Details of training undergone in India and abroad

| Name of training program | Institute where training was received | Period of training | Nature of training | Achievement |
|--------------------------|---------------------------------------|--------------------|--------------------|-------------|
|                          |                                       |                    |                    |             |
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|                          |                                       |                    |                    |             |

**E) FOR PRIVATE SECTOR EXECUTIVES:**

|      |                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| i)   | Average Annual turnover of last three years of Company where working presently (Pl attach copy of audited P&L Account.                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ii)  | Details of position held Board level / Below Board Level                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | Name of your current post                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | (Please provide your DIN number if you are presently a board member in your company.<br>If you are working at one level below Board, 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) (Name of Exchange, Security Symbol and ISIN)                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |

**F) List of Publication/ Academic honors received :**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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- G) (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.

- (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.

- H) If selected, minimum time required for joining the post :**

- I) Any other information : (candidates can attach additional sheets for this)**

|  |
|--|
|  |
|  |

**Date :**

**Place :**

**Signature**

**Note:** Copies of testimonials in support of age, qualifications, experience etc. maybe furnished wherever necessary or where it is specifically mentioned.

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.
4. 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.

Organisation 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)