

10. Work Experience (Certificates in proof of experience must be supported):

Name of Employer/ Post	From date	To date	Total period	Nature of Duties	Last Salary Drawn

Total Experience gained after acquiring the minimum essential qualification (in years): _____

11. Details of publication if any (may attach a separate sheet):

I hereby declare that the information furnished above is true, complete and correct. I understand that in the event of my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancelled/terminated without any notice or without any compensation in lieu thereof.

Date: _____

Signature: _____

Place: _____

Name of the candidate: _____