

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

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

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

11. Details of NET/GATE/National level exams passed, if any.

Exam passed	Date of passing	Valid till

12. Details of publication if any:

13. If selected what period would you require for joining the post: _____

14. Have you ever been declared unfit by a medical Board/Court for appointment in any Govt. Service? Yes/No. If yes, details _____

Declaration: I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts shall be a disqualification and is likely to render cancellation of my candidature.

Date: _____

Signature: _____

Place: _____

Name of the candidate: _____