

Desirable Qualification

Sl. No.	Exam passed	Board /University	Year of passing	% of Marks

12. Experience

Sl. No.	Name of the Employer	Nature of Duties	Date of Joining	Date of Leaving

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Signature of the Candidate

Place:

Date: