

10. Educational/Professional Qualifications (attach proof).

Educational /Professional Qualifications	University/Institute/Board

11. Work Experience (as applicable to the post applied for. Attach proof)

Period	Organization	Total Years and months

DECLARATION TO BE SIGNED BY THE APPLICANT

I do hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particular information given above being found false or incorrect, my candidature for the post applied is liable to be rejected or cancelled and in the event of any mis-statement or discrepancy in the particulars being detected after my appointment, my services are liable to be terminated forthwith without any notice to me.

Place:

Date:

(Signature of the Applicant)