

13. EDUCATIONAL QUALIFICATION:

EXAMINATION PASSED	FACULTY	NAME OF THE BOARD/ UNIV.	MONTH & YEAR OF PASSING	PERCENTAGE OF MARKS	CLASS / DIVISION
GRADUATION					
POST GRADUATION					
OTHERS					

14. COMPUTER QUALIFICATION:

NAME OF THE COURSE	NAME OF THE INSTITUTION/ UNIVERSITY	YEAR OF PASSING	DURATION OF THE COURSE

15. PRESENT / PREVIOUS EMPLOYMENT DETAILS:

NAME OF THE ORGANISATION	TENURE OF EMPLOYMENT FROM---TO-----	POSITION HELD	EMOLUMENTS DRAWN

16. PLEASE FURNISH ADDRESS OF TWO PROFESSIONAL REFERENCES:

(1) NAME: _____ CONTACT NO: _____

ADDRESS: _____

COMPANY: _____ DESIGNATION: _____

(2) NAME: _____ CONTACT NO: _____

ADDRESS: _____

COMPANY: _____ DESIGNATION: _____

17. ANY OTHER INFORMATION: _____

DECLARATION:

I hereby solemnly declare and affirm that all the statements made in this Application are true to the best of my knowledge and belief. I understand that in the event of any information being found false, incorrect, or incomplete or if I am found ineligible due to non-fulfillment of any of the eligibility conditions, my candidature for the applied post is liable to be cancelled/rejected without assigning any reasons at any stage of recruitment and after appointment in that event, the Company shall have complete rights to dismiss me from the services of the Company.

Date: _____

Place: _____

Signature of the Applicant

Encls: Attested copies of certificates