



8. Details of experience:

Sl. No.	Name of the Institution	Place	Designation	From	To	Period
Total Experience:						

**DECLARATION**

I do hereby certify that the particulars furnished above are true and correct to the best of my knowledge. I also, declare that in the event of any information furnished in the application and enclosures are found to be incorrect or false at a later date, my application may be cancelled.

Date :  
Place :

Signature of the Applicant:  
Name:

NOTE: Xerox copies of the following documents to be submitted along with the application.

1. Three Pass Port size photos
2. All relevant certificates photocopies attested by Gazetted Officer

**NB:- LAST DATE FOR RECEIPT OF APPLICATION:20-04-2017 at 5.00 p.m.**  
**Contact Ph.No. 0877 – 2287777, Extn: 2226**