



6.											
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**III. Professional Experience (in reverse chronological order beginning current position):**

S. No	Position	Organization Name	Type of Organization	From	To	Duration (YY:MM:DD)	Type of Appointment	Pay Type (Pay Level/PB & GP)	Pay Value (in Rs.)	Basic/Gross pay (in Rs.)	Job Responsibilities
1.											
2.											
3.											
4.											

**IV. Contact Details:**

Address for correspondence:	E-mail id	
	Mobile Number	
	Alternate Number	

**V. List of Enclosures:**

S. No.	Annexures/Documents	Please Specify 'Yes' or 'No'
1.	Proof for date of birth claim	
2.	10th - Marksheet	
3.	10th - Certificate	
4.	12th - Marksheet	
5.	12th - Certificate	
6.	Bachelors - Marksheet	
7.	Bachelors - Certificate	
8.	Masters - Marksheet	
9.	Masters - Certificate	
10.	PhD - Marksheet	
11.	PhD - Certificate	
12.	Experience certificate-cum-NOC (as per the prescribed proforma)	
13.	Pay scale equivalence certificate (as per the prescribed proforma)	
14.	Certificate for SC/ST/OBC/PWD/EWS CATEGORY (as per the prescribed proforma)	
15.	Declaration undertaking by the applicant (as per the prescribed proforma)	

16.	Undertaking for OBC-NCL category applicant (as per the prescribed proforma)	
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**VI. Declaration:**

I undertake that the above information is true to the best of my knowledge and I understand that disciplinary action will be initiated for any misrepresentation. I understand that the application shall summarily be rejected without submission of the required documents/annexures as mentioned in the advertisement vide item no. XXI, besides all other terms and conditions. There are no legal proceedings pending against me. I am not suffering with any major health problem.

1.	Have you ever been punished during your service or convicted by a court of law?	
2.	Do you have any case pending against you in any court of law?	
3.	Do you have any vigilance cases pending against you?	
4.	Are you claiming additional age relaxation (other than SC/ST/OBC/PWD)?	
5.	Whether your name is the same in all the supporting documents/certificates?	
6.	Whether application routed through proper channel?	
7.	Have you undergone/suffering from any major ill- health in the past/presently?	
8.	Is any of your dependents undergone/suffering from any major ill-health in the past/presently?	

Place :

Sign :

Date :

Name :