3. Date of Birth (DD-MM-YY) : Passport 4. Community (SC/ST/OBC/Gen) :	fix ort size ograph
2. Father's Name :	ort size
3. Date of Birth (DD-MM-YY) : Passpe 4. Community (SC/ST/OBC/Gen) : Passpe 5. Religion : Photo 6. Whether belong to Minority : Yes / No 7. Last/Present Organization : . (Please tick) Govt. (Central/State) PSU Auto. Bodies Others 8. Correspondence Address :	ort size
4. Community (SC/ST/OBC/Gen) :	
5. Religion :	ograph
6. Whether belong to Minority : Yes / No	
7. Last/Present Organization :	
(Please tick) Govt. (Central/State) PSU Auto. Others Bodies Others Bodies Bodies 8. Correspondence Address :	
8. Correspondence Address :	
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Contact Phone No with STD Code :	
9. E-Mail Address :	
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Exam Passed Year of Passing Name of the Instt./ University Marks obtained Max counta mark Image: Constraint of the instruction of the i	
Please give the detailed experience in attached sheet (Annexure-I). Attach copy of Experience Ce	ble mark
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acceptable proof of joining & relieving in support of experience	
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Signature	rtificate(s) o
Verification	
declare that the information furnished above by me is true to the best of my knowledge and belief naterial has been concealed.	rtificate(s) o
Place : Date : Signature of t	e of the Candid

Annexure-I

Details of Post Qualification Work Experience as on 01-07-2019

Post held with	Name of the	PERIOD			Details of Experience
scale of pay or	Employer	From	То	Total	
gross	(Give the name of	Date	Date	Duration	
emoluments	Organisation/	DD/MM/YY	DD/MM/YY	(in Yrs. &	
	company)			Months)	

Total Experience = _____ Years _____ Months _____ Days

Signature of the Candidate