

10. Work Experience : (use separate sheet if required)

Sl. No.	Name of the Institute/Centre where employed	Period		Post held	Pay band + Grade Pay
		From	To		

DECLARATION

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of particulars or information given herein being found false or incorrect, my candidature is liable to be rejected or cancelled and in the event of my misstatement/discrepancy in the particulars being detected, after my appointment, my services are liable to be terminated without notice to me.

Place:

Signature of the candidate

Date: