

8. Educational Qualifications:

Name of the Examination	Subject/ discipline/ Specialty	University/ institute/ College	Year of passing Final Examination	Marks obtained/ out of	Percentage

9. Work Experience if any:

S. No	Name of the institute	Name of the post	Period	Nature of work	Affiliation

10. Publications if any: Attach annexure

S. No	Title	Name of Journal	Author 1 st /2 nd / Corresponding	Indexing agency

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein if found to be incorrect or false, then I shall be liable for action as per rules in force.

Date:

Place:

Candidate Name & Signature:

Enclosures:

Graduation certificate	Yes/No
Post graduation certificate	Yes/No
Experience certificate	Yes/No
Aadhar card	Yes/No
Domicile Certificate	Yes/No
Publications	Yes/No
High School certificate/ Matric (only for MTS)	Yes/No
All relevant certificates as per the eligibility criteria along with marks certificates	Yes/No
Demand Draft	Yes/No
DOB Certificate	Yes/No