

		Year of	Name of the	e Inst./	1arks	Max.	%age of	
3.	Qualifications (Acade	emic & Professional):						
2.	E-Mail Address	:						
1.	Contact Number with	STD Code :						
	State	Pin	State	2	Pi	n		
	Correspondence Address			Permanent Address				
0.		L						
	(Please tick)	Govt. (Central/State)			Others			
Last/Present Organization :								
		inority : Yes / No		, , ,	(p			
	Place of Posting Nature of Employmen	t: Regular/Contractual/	'Service Contract	Relationship/ /Deputation/Ter				
				Designation				
<b>'</b> .	If Yes, please provide	-	ked in Ircon- Yes					
	(If Married, mention	Spouse Name):						
	Religion  Marital Status -Marri			<del></del>				
		OBC/EWS/Gen):				Pho	otograph	
	Date of Birth (DD-MM	•					port size	
	Father's Name	:				Affix s	elf-attested	
•	Name in full (In Block	k letters) :						
	Name in full (In Place	r 12	ottora) .	ottora)	ottora)	attors	ottorol	

Exam Passed	Year of Passing	Name of the Inst./ University	Marks obtained	Max. marks	%age of marks

## ${\bf 14.\,Work\,Experience\,as\,on\,01\text{-}02\text{-}2024}$

Please give the detailed experience. Attach copy of **Experience Certificate(s)** or acceptable **proof of joining & relieving** in support of experience.

Post held with	Name of the Employer (Give the name of Organisation/ Company)	PERIOD			
scale of pay or gross emoluments		From Date DD/MM/YY	To Date DD/MM/YY	Total Duration (in Yrs. & Months)	Name of the Project(s on which worked and nature of experience
Total Experience	e = Years	Months	[	Days	
					e of the Candidate of Candidate)
		<u>Declar</u>	ation	(Name	or canadate,
	information furnished aboas been concealed.	•		of my knowle	edge and belief and that
Place :				Signature	of the Candidate