

8. Experience (Academic / Research)

S. No	Name of Post	Scale of Pay	Name of the Department	Period		Nature of Work
				From	To	

9. Professional Course if any-

Details of Enclosures:

1. _____
2. _____
3. _____

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Council if I am declared to be guilty of any type of misconduct mentioned herein. I have informed Head Office/Department in writing that I am applying for selection to the post.

Place: _____

Signature

Date: _____

Name _____