

17.	WORKING EXPERIENCE (ENCLOSE RELEVANT DOCUMENTS)				
	Designation	Period		Total No. of Years	Name of the Institute/ University
From		To			

18. Application Fee Payment details	
Mode of payment	
Amount	Rs. 500/-
Transaction ID	
Date of Payment	

DECLARATION BY THE CANDIDATE

I hereby solemnly affirm that the statement made, information furnished and documents submitted by me along with this declaration are true and correct to the best of my knowledge. I also declare that during my previous appointment I have not been subjected to the Department Enquiry and Punished or convicted under any criminal case. If any information furnished therein is found to be fraudulent, incorrect or untrue, I am liable for prosecution and cancellation of my appointment. I agree to abide by the Rules & Regulations prescribed by the Government, and bye-laws of this institution.

Date:

Signature of the Candidate