

16. Professional Qualification/Training/Certification/Others, if any;

S.No.	Name of Institution	Type of training / course	Duration		Diploma or Certificate obtained
			From	To	

17. Employment Record:

S#	Name of Institution/ Organization	Duration		Designation	BPS	Nature of Job Permanent/ Temporary	Job Description
		From	To				

18. Receipt No. _____

(Please attach in original)

Rs. _____ Date: _____

19. List of testimonials attached:

It is hereby certified that information given in this application form is correct and nothing relevant has been concealed.

Date: ____/____/____

Signature of Applicant