

7. Experience

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

8. Total No of Papers/Monographs published (Give details):

9. Seminar/Symposium/workshop attended (National/International)

10. Specializations, if any:

11. Professional Course if any-

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 the information submitted is false. .

Place: _____

Signature

Date: _____

Name _____

If employed, the application should be forwarded through proper channel

Certified that Sh. /Smt./Kumari/Dr. _____
of _____ holds a temporary/Permanent
post of _____ in the Department of _____
_____. It is
certified that particular submitted by _____ have been verified from
the office record and in case he/she is selected for the post of _____ in
your Department, he/she will be relieved from this office. It is also certified that no disciplinary case
is either pending or contemplated against him/her.

Signature _____

No.

Designation _____

Date:

Office seal _____