

7. Details of Experience:

SR. NO.	NAME AND ADDRESS OF THE EMPLOYER	DESIGNATION	PAY SCALE	PERIOD		JOB PROFILE*
				FROM	TO	

* Enclose details separately

10. Any other particulars: Enclose details separately.

(The item-wise information given in the above Proforma may be supported by the relevant self-attested documents.)

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false / incorrect or that I do not satisfy the eligibility criteria according to the MERC, my candidature / appointment is liable to be cancelled / terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

Place:

Date:

(Name & Signature of the Applicant)