

| | | | | | | |
|---|--|--|--|--|--|---|
| 3 | | | | | | - |
| 4 | | | | | | - |

Other skills, if any:

| SN. | Type of skill | Yes / No | From where obtained | Duration of skill training |
|-----|---------------|----------|---------------------|----------------------------|
| 1 | | | | |
| 2 | | | | |

Brief description of requisite post qualification experience (Attach attested copies of the exp. certificates):

| SN. | Name of the organization | Name of the post held | Date From (DD/MM/YY) | Date To (DD/MM/YY) | Total Duration (Yrs / Mths) | Brief description of duties |
|-----|--------------------------|-----------------------|----------------------|--------------------|-----------------------------|-----------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

(Please attach separate sheet, if required)

Total Experience in years & months: _____

Verification :

1. Certified that I am not involved in any criminal activity and no criminal case is pending against me in any court of law in India and my services have never been terminated by any institution Govt./Private on any account.
2. If at any time, it is found that I have given incorrect or manipulative information/documents then my services are liable to be terminated without giving any notice or compensation.
3. I have satisfied myself regarding my eligibility with regards to the prescribed essential qualification, post qualification experience, if any, age etc. required for this post.
4. Certified that all the information furnished above by me is correct to the best of my knowledge and nothing has been concealed therein.

Place: _____ Date: _____ (Signature of the Candidate)

(Note: Please write your name in CAPITAL LETTERS and mobile number on the back of bank draft/pay order)

| | |
|------------------------------|------------------------------------|
| Bank DD/PO No. : | DD/PO Date : |
| DD/PO issuing : bank name | DD/PO Issuing: branch address : |

(For office use only)

Received Application Fee of Rs _____/- through Demand Draft/ Bankers Pay Order

| | | | |
|-------------------------------|--|--------------------------------|--|
| NIELIT Payment Receipt No. | | NIELIT Payment Receipt Date | |
|-------------------------------|--|--------------------------------|--|

(Incase of earlier receipt against Advt. No. FMG-03/03-2018 dated 17/03/18, original payment receipt is to be attached)

Signature of the Accounts/Finance Officer and date : _____

(For office use only)

Appl. form: _____ Signature : _____ Date : _____

& testimonials checked by