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8. Experience, if any [If yes, please enclose experience certificate]

Name of Post/ Designation	Name of the Organization/Dept	Period of Service		Reason for Leaving (if any)
		From	To	

9. Details of NET/GATE Examination (Proof to be enclosed)

Enrollment/Roll No... .. Year.....Score..... Validity.....

DECLARATION

I hereby declare that the above furnished particulars are correct to the best of my Knowledge and no information is suppressed. If at any time I am found to have concealed/distorted any information, my fellowship shall be liable to be summarily terminated without any prior notice. I am ready to take up and discharge the duties assigned to me.

Place: _____

Date: _____

Signature of the candidate

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EN 25/40