PART- C

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. At anytime I am found to have concealed/distorted any material information, my appointment shall be liable to be summarily terminated without notice/compensation.

	Digital Signature of Candidate
Dated:	
Place:	

CHECK LIST

Sr. No.	Particulars	Tick Yes or No	
1.	Digital signature on the Application	Yes	No
2.	Affixed the Digital Photograph	Yes	No
3.	Attested Copies of all the Educational	Yes	No
	Certificates/ Testimonials/		
	Experience Certificates		
4.	Copy of latest Pay Slip	Yes	No
5.	Age Proof Certificate	Yes	No
6.	SC/ST/OBC/PwD/Differently abled	Yes	No
	Certificate		
7.	Any other (Please Specify):	Yes	No

Note: Self-attested copiesofall therelevantdocumentsmustbeuploaded with the application.

VIGILANCE CLEARANCE CERTIFICATE AND INTEGRITY CERTIFICATE

This is to certify that Dr./Sh./Smt is
presently holding the post of on
regular basis in our Organization/Department/Institute in the Pay Scale of
CPC)w.e.f
It is further certified that no vigilance /disciplinary case and departmental
enquiry is either pending or contemplated against him /her. The integrity of the
officer is also certified.
Signature of employer with office stamp
Dated:
Place:

$\underline{PART} - \underline{D}$

FORWARDING AUTHORITY / EMPLOYERS ENDORSEMENT /NO OBJECTION CERTIFICATE

This is to certify that Dr./Sh./Smt is
presently holding the post of on
regular basis in our Organization/Department/Institute in the Pay Scale of
······································
It is further certified that the details given by him/her in the online application
No against the AICTE Advt. no. Admn(Estt.)/04(01)/2020
are verified and found correct as per our records.
This Organization/Department/Institute has no objection to him/her applying for
the post of in
AICTE. In case of his/her selection, he/ she will be relieved on deputation basis
immediately and his/ her lien will /will not be retained by this organization.
Our Institute is Central Government /State Government/ Government aided
Department or Central Government/ State Government/ Government aided
Institute or Central Government /State Government/ Government aided
University or Central Government /State Government Autonomous Institute or
Central Government /State Government Autonomous body/Self-financed or any
other (please specify) and his/her post is government funded or private funded.
Signature of employer with office stamp
Dated:
Dateu
Place:

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