

10. Experience:

Sl.	Name and Address of the Office/Deptt.	Post Held	Period		Pay	Nature of Duties
			From	To		

I hereby declare that the information given above is correct and true to the best of my knowledge and belief. I undertake that if at any stage any of the information given above is found false or incorrect my candidature/appointment may be cancelled. I further undertake that if at any stage I am found guilty of using unfair means in the recruitment process of violating any of the rules/Regulations governing the recruitment my candidature/appointment may be cancelled.

Signature of applicant