

11. Work Experience

: (Certificates in proof of experience must be supported).

S.NO	NAME OF EMPLOYER	POST	FROM DATE	TO DATE	REASON FOR LEAVING

Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

12. List of Publications, Patents and Awards (if any)

13. If selected what period would you require for joining the post: _____

14. Have you ever been declared unfit by a medical Board/Court for appointment in any Govt. Service? Yes/No. If yes, details _____

Declaration: I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will be disqualification and is likely to render the candidate unfit.

Date: _____

Signature: _____

Place: _____

Name of Candidate: _____

N.B. The scanned copy of the filled-in application form along with all the supporting documents should be mailed to e-mail id bicnipworkshop@gmail.com in a single PDF.