

**Continued....**

**14. Educational/Professional Qualifications:**

| S. No. | Examination Passed      | Course Name & Board/University/Institute | Year of Passing | Total Marks | Marks Obtained | Percentage |
|--------|-------------------------|--|-----------------|-------------|----------------|------------|
| 1      | 10 <sup>th</sup> passed |  |                 |             |                |            |
| 2      | 12 <sup>th</sup> passed |  |                 |             |                |            |
| 3      | Graduation              |  |                 |             |                |            |
| 4      | Post-graduation         |  |                 |             |                |            |
| 5      | Diploma                 |  |                 |             |                |            |
| 6      | Others (if any)         |  |                 |             |                |            |

**15. Work Experience (add separate sheet if required):**

| S. No. | Organization | Designation | Duration             |                    |
|--------|--------------|-------------|----------------------|--------------------|
|        |              |             | From<br>(DD/MM/YYYY) | To<br>(DD/MM/YYYY) |
| 1.     |              |             |                      |                    |
| 2.     |              |             |                      |                    |
| 3.     |              |             |                      |                    |
| 4.     |              |             |                      |                    |
| 5.     |              |             |                      |                    |

**16. Total years of experience:** \_\_\_\_\_

**17. References**

| S.No. | Name | Address | Contact Number |
|-------|------|---------|----------------|
|       |      |         |                |
|       |      |         |                |

**18. Languages known (Tick appropriate boxes)**

|          | Read                     | Speak                    | Write                    |
|----------|--------------------------|--------------------------|--------------------------|
| 1. ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Note: Please attach self-attested photocopies of following documents with this form:**

1. Educational / Professional Certificates
2. 10<sup>th</sup> Certificate / Birth Certificate
3. Caste Certificate, if any.
4. Work Experience Certificates
5. PAN Card
6. Aadhar Card
7. Copy of EPF/ESIC Card (Previous employer-if applicable)

(.....)  
Signature of Candidate with date