



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      |                         |  |                 |             |                |            |

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

| S. No. | Designation | Organization | Duration           |                  |
|--------|-------------|--------------|--------------------|------------------|
|        |             |              | From<br>(DD/MM/YY) | To<br>(DD/MM/YY) |
| 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 (if already have)

Signature \_\_\_\_\_