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12. Experience (with Organization name and period of experience) :

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SI. No.	Name of the post/ position	Department/ Institution/ Organisation	Emoluments	From dd-mm-yy	To dd-mm-yy	Total Years/ Months/ Days	

13. Nature of duties performed: (In Brief)

14.				
	a. To speak	:	 	
	b. To write	:	 	
	c. To read	:	 	
15.	Details of previous Consultancy, if any :	:		
16.	Additional			

Additional Information, if any :

DECLARATION

I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any of the above information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled/ terminated without any notice or compensation.

Place	:	Signature of the Candidate	:	
Date	:	 Name (In block letters)	:	