

14. Educational/Professional Qualifications:

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

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

| S. No. | Designation | Organization | Duration | |
|--------|-------------|--------------|--------------------|------------------|
| | | | From (DD/MM/YY) | To (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. 10th 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 _____