



**12. Work Experience:**

S. No.	Organization / Department	Designation	Duration		
			From	To	Total Duration

*(Attach attested copies of the experience certificates)*

I, \_\_\_\_\_ **D/O** \_\_\_\_\_ solemnly declare that all information provided in this form is correct. If any information contained herein is found to be false, I will personally be held responsible & the same shall disqualify me for employment in this organization.

**Dated:** \_\_\_\_\_

**Signature of the Candidate:** \_\_\_\_\_