





**9. Professional Training Received**

Year	Nature of Training	Duration

**10. Membership of Professional Bodies/Gym**

Name of the Body	Status of Membership: Life/Annual

**11. Important Sports Events/Yoga Sessions attended**

Year	Conference/Seminars Attended	Title of Paper read (If any)

**12. Names and addresses of Two Referees (Should be reputed citizens of India)**

Sl.	Name	Address	Email
a			
b			

I hereby declare that I have carefully read and understood the Instructions and particularly supplied to me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.

Date:

Name of the Applicant:

Place:

Signature

### Annexure 'A'

#### List of Enclosures:

Sl. No.	Particulars	Enclosed (Yes/No)
1.	Academic Certificates (Self-Attested Copies)	
	• High School	
	• Intermediate	
	• Graduation	
	• Post-Graduation	
	• Certificate/Diploma if any	
	• Any other degree/diploma	
2.	Proof of Date of Birth	
	Copy of identity Proof ( <i>Aadhar/Passport/Driving license</i> )	
3.	Experience certificates	
4.	Professional Training attended if any	
5.	Membership of Professional Bodies if any	
6.	Important Sports Event/Yoga Sessions Attended	
7.	Medical Fitness certificate ( <i>to be produced at the time of interview</i> ) ( <i>template given at Annexure B</i> )	
8.	Latest Resume/CV	

#### DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage, my candidature/appointment shall be liable to be cancelled /terminated summarily without notice or any compensation in lieu thereof.

Place: .....

Date: .....

Signature of the Candidate .....

#### Note:

1. In case of any concealment/distorted information found at any stage by the candidate, his/her candidature will be cancelled with immediate effect.
2. Candidate will not be allowed to appear for the interview in case of non-production of original documents related to education/experience.



**MEDICAL CERTIFICATE**

**TO WHOM SO EVER IT MAY CONCERN**

I, Dr. \_\_\_\_\_ do hereby certify that I have carefully examined \_\_\_\_\_ S/o \_\_\_\_\_ resident of \_\_\_\_\_ whose signature is given below.

Based on the examination, I certify that he/ she is in good mental and physical health and is free from any physical defects which may interfere his/her professional work include the active outdoor duties required for a professional purpose.

His/ Her age according to his own statement is \_\_\_\_\_ and appearances about \_\_\_\_\_.

Place:  
Date:

Official Seal and Signature

**DECLARATION BY CANDIDATE**

I \_\_\_\_\_ a candidate for employment in the \_\_\_\_\_ hereby declare that not at any time I been pronounced unfit for Govt employment by the medical board or any other constituted medical authority.

Date:

Signature of the Candidate