



14. Qualifying Examinations Passed:

Examination Passed	Subject Opted	Board/University	Reg. No. & Year of Passing	Marks Obtained	% of Marks	Class Obtained

15. APPLICANT'S PROFESSION (✓):

Full time service	Part time service	Business	Unemployed	Retired	Other
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16. WORK EXPERIENCE

Overall work experience: \_\_\_\_\_ Years

List all organizations that you have worked with, starting with the current one. (If required, use separate sheet)

Company Address	Designation	Experience		Job Responsibility
		From	To	

I declare that the information furnished above by me is correct to the best of my knowledge. I also understand that if any of my above statements are found to be untrue, I may be disqualified from the course. I undertake that I shall abide by the rules and regulations of the University.

SPECIMEN SIGNATURE

1.	2.
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Place:

Date:

**Signature of the Applicant**