

11	Professional Training / Internship				
S.No	Designation	Name of Organization	Period of Service / Training		Particulars of Training
			From	To	

12		Knowledge of working on PC/work stations and familiarity with working with software packages / digital platform (Please specify)	
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13	Employment Record (details in reverse chronological order, Starting with latest job):									
S. No	Designation	Name of Organization	Address of Organization	*Type of Organization	Pay Scale/ Pay in Pay Band+ GP/ AGP as per 7th CPC	Nature of Appointment	Period of Service			Nature of work and level of responsibilities
							From	To	Period	
<p>*Central Government /State Government/ Government aided Department or Central Government/ State Government/ Government aided Institute or Central Government /State Government/ Government aided University or Central Government /State Government Autonomous Institute or Central Government /State Government Autonomous body or Any other (please specify)</p> <p>Note: Please indicate your total experience for eligibility to the post applied for Year Months</p>										

14	Publications and Reports (Please enclose list under separate headings : Journals, Conferences and Reports)	
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Name and address of 2 persons (not related to you) who are well aquanted with your academic record and professional work for Reference		
(a)	Reference 1	
(b)	Reference 2	

Declaration

I hereby certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. At anytime I am found to have concealed/distorted any material information, my appointment shall be liable tp be summarily terminated without any notice/compensation.

Digital Signature of Candidate

Dated:-----

Place: -----

Please upload self attested certificates of your age, qualification and experience with the application.

Annexure 1

FORWARDING AUTHORITY / EMPLOYERS ENDORSEMENT /NO OBJECTION CERTIFICATE

This is to certify that Dr./Sh./Smt.
is
presently holding the post of
on
regular basis in our Organization/Department/Institute
w.e.f.....

It is further certified that the details given by him/her in the online application
No. against the PCI Advt. are verified and found correct as per our
records.

This Organization/Department/Institute has no objection to him/her applying for the post of
..... in PCI. In case of his/her selection, he/ she will be
relieved immediately and his/ her lien will /will not be retained by this organization.

Our Institute is Central Government /State Government/ Government aided Department or
Central Government/ State Government/ Government aided Institute or Central Government
/State Government/ Government aided University or Central Government /State Government
Autonomous Institute or Central Government /State Government Autonomous body/Self-
financed or any other (please specify) and his/her post is government funded or private
funded.

Signature of employer with office stamp

Dated:_____

Place:_____

Annexure 2

VIGILANCE CLEARANCE CERTIFICATE AND INTEGRITY CERTIFICATE

This is to certify that Dr./Sh./Smt.
is presently holding the post of
..... on
regular basis in our Organization/Department/Institute.

It is further certified that no vigilance /disciplinary case and departmental enquiry is either pending or contemplated against him /her. The integrity of the officer is also certified.

Signature of employer with office stamp

Dated: _____

Place: _____