



**14. Work Experiences**

| Name of Establishment | Designation/<br>Nature of work | Duration from | Duration to | Total Emolument (in Rs.) | Reason for leaving |
|-----------------------|--------------------------------|---------------|-------------|--------------------------|--------------------|
|                       |                                |               |             |                          |                    |
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**15. Extra Details**

Place willing to work 

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District willing to work 

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Language Read 

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Language Write 

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Language speak 

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**Registration Status**

- Active
- In-Active

Date of last renewal

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**15. HANDICAPPED details**

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| <input type="checkbox"/> Blind<br><input type="checkbox"/> Deaf & Dumb<br><input type="checkbox"/> Orthopaedics<br><input type="checkbox"/> Respiratory Disorders<br><input type="checkbox"/> Negative Leprosy Person<br><input type="checkbox"/> Others | <div style="border: 1px dashed black; padding: 10px; min-height: 100px;"> <p><u>Details of medical findings</u></p> </div> |
|--|--|

Dated: 

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**Notes:** Documents to be enclosed

1. An applicant must show his/her original Certificates (not mark sheet), if failed application would be rejected.
2. Work Experienced Certificate if any