

EXPERIENCE / POSTINGS FROM LEVEL SCIENTIST 'B' ONWARDS (IN GROUP 'A')				
SL.NO.	NAME OF THE ORGANISATION	POST HELD	FROM	TO

TRAINING ATTENDED				
SL.NO.	YEAR	NAME OF THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION
SPECIFIC AREA IN WHICH SKILL UPGRADATION DESIRED		1. 2. 3.		

Signature of the Candidate

RECOMMENDATION BY THE CONTROLLING OFFICER

(SIGNATURE OF THE RECOMMENDING OFFICER)
Name & Designation with Seal