

EDUCATIONAL QUALIFICATION

Name of Degree: Year of Passing:

Name of the University:

ACADEMIC PROFILE

Exam	Name of the Exam / Subjects	Month & Year of passing	Name of School / college	% of Marks obtained	Name of the Board / University
SSC					
HSC					
Graduation (Specify) B.Com, B.B.A., Others					
Post Graduation					
Others					

WORK EXPERIENCE DETAILS

Total Work Experience: Years : Months:

Organization	From	Till	Designation	Nature of Duties

I agree to abide by PGCL rules, code of conduct and students' guidelines framed/to be framed from time to time. I hereby certify that the above information given is true and correct to the best of my knowledge. I understand that any false declaration shall result in disqualification of my admission to CSL.

Applicant's Signature:

Place: Date: