

17) TRAINING AND OTHER COURSES ATTENDED.

SL NO	NAME OF TRAINING / OTHER COURSES ATTENDED	NAME OF INSTITUTE	DURATION		
			From	To	Total

18) LANGUAGE KNOWN: (PLEASE TICK ✓)

SL NO	LANGUAGE	WRITING	READING	SPEAKING

19) NAME AND ADDRESS OF TWO PERSONS FROM WHOM WE MAY SEEK REFERENCE ABOUT YOU.

(The Two person must not be related to you and must have interacted with you in a Professional and / or academic capacity for more than 2 years)

SI No	Name of Person.	Address	Phone No	Email ID

Declaration:

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed.

Date:

Place:

Signature of the Candidate

Note: Candidates have to submit their testimonials along with the application form.