

4.0 4.1 Details of qualifications achieved as per the notification calling for applications:

| Qualification | Institution | Validity date of the qualification |
|----------------------|--------------------|---|
| | | |
| | | |

Date on which the Oaths taken as an Attorney-at-Law :

4.2 Details of each qualification under No.6 of the notification for calling applications:

| Qualification | Institution | Validity date of the qualification |
|--|--------------------|---|
| (a) Additional Educational Qualifications: | | |
| | | |
| | | |
| (b) Additional Professional Experience: | | |
| | | |
| | | |
| (c) Language Proficiency: | | |
| | | |
| | | |
| (d) Knowledge on Information Technology: | | |
| | | |
| | | |

5.0 Have you ever been convicted by a Court of Law? :.....

If "Yes", please explain:

6.0 Certificate of the applicant:

I, hereby declare that all the information provided by me in this application is true and correct, that all the parts have been duly completed and that I am aware that I will be subject to disqualification if this declaration is found to be untrue prior to my selection and dismissal if such a situation is discovered after the selection.

.....,
Signature of the applicant.

Date:.....

7.0 Attestation of the Signature of the Applicant:

I certify that Mr./Mrs./Miss who has submitted this application, is personally known to me and that he/she placed his/her signature on in my presence.

Date :.....

.....,
Signature of the officer certifying the signature.

Full name :.....

Designation :.....

(confirm with the official stamp)

8.0 Recommendation of the Secretary to the Ministry/Head of Department (only for Public Service Applicants) :

I certify that the above mentioned Mr./Mrs./Miss..... serves at the Ministry/Department/Institute of that the information furnished by him/her is accurate, that work and attendance are satisfactory, that no allegations have been levelled against him/her and that if he/she is selected for the post, he/she can be released from the service of this Institution.

Date :.....

.....,
Signature of the Secretary to the Ministry/
Head of Department/Institution

Name :.....

Designation :.....

(Place the official stamp)