



**II Details of Employment**

- 1. Designation : .....
- 2. Department : .....
- 3. Basic Pay & Scale of Pay : .....
- 4. Address of the workplace: .....  
 District: ..... State: ..... PIN .....  
 Phone No.: STD Code .....Tel: .....  
 Fax ..... email: .....
- 5. Name of the Ministry/ Affiliating University: .....

**III Details of Professional Experience**

Total Experience (Years): .....

Date :.....

**Signature of the Participant**

**CERTIFICATE OF RECOMMENDATION FROM THE AUTHORITY / HEAD OF THE DEPARTMENT**

I recommend Dr./Mr./Ms. ....  
 (Designation) .....  
 (Department/Institution).....  
 ..... for the Training Programme in ..... He/She will be relieved on time to participate in the above course, if selected. It is certified that this College is affiliated to **(if applicable)** ..... University for the last five years. Also certified that the details furnished by him/her were verified and found correct.

Date:

**Signature of the Authority**  
With Official Seal