

# Self-Attested Experience Statement

Name of Applicant: \_\_\_\_\_

Father's/Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## Experience Details

Organization Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Period of Experience: From \_\_\_\_\_ To \_\_\_\_\_

Key Responsibilities: \_\_\_\_\_

*I hereby declare that the information provided above regarding my professional experience is true and correct to the best of my knowledge and belief. I understand that if any information is found to be false, my application may be rejected or my employment terminated at any stage.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

### Important Notes:

- Self-attested copies of supporting documents (offer letter, relieving letter, etc.) must be attached.
- This statement should be filled legibly and without overwriting/corrections.
- Submission of incorrect or false information may lead to legal or disciplinary action.
- Sign across the photograph (if required) and on all attached documents.
- Retain a copy of the filled and signed statement for your personal records.