

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.