

**DOB FORMAT\*(To be uploaded in application form)**

**Name of Candidate:** \_\_\_\_\_

**Date of Birth(dd/mm/yyyy):** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Application Number:** \_\_\_\_\_

Photo of candidate  
to be affixed here

\_\_\_\_\_

**Signature of Candidate**

**Declaration:**

**I hereby declare that the particulars given in this certificate are true to the best of my knowledge and belief.**

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

**Place:** \_\_\_\_\_

\_\_\_\_\_

**Seal and signature of head of Institution last studied/Gazetted Officer**