STATE MEDICINAL PLANTS BOARD, HARYANA

mentioning nam	. Application for	the post of	:					Paste Passport s photo here
4. Sex (Male/ Female) 5. Date of Birth (DD/MM/YYYY) 6. Age as on : YearMonthsDays 7. Category to which belong : 8. Whatsapp/ Mobile No. : 9. Email(Compulsory) : 10.Permanent Address : BlockDistt State/UTPIN CODE 11. Educational/ Professional Qualifications: Examination Board/ Year of Maximum Marks obtained of Division Subject	2. Name of the Ca	ındidate	:					Passport size phi mentioning nam post applied at b
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(DD/MM/YYYY) 6. Age as on : YearMonthsDays 7. Category to which belong : 8. Whatsapp/ Mobile No. : 9. Email(Compulsory) : 10.Permanent Address : BlockDistt State/UTPIN CODE 11.Educational/ Professional Qualifications: Examination Board/ Year of Maximum Marks obtained of Subject	4. Sex (Male/ Fer	male)	:		<u> </u>		9	
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12	Details of do	cuments a	ttached:			

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Declaration: I hereby declare that

- 1. All statement made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the interview/selection/appointment, my candidature may cancelled and action may be taken against me by the appropriate authority.
- 2. I have must read the provisions in advertisement carefully and I hereby undertake to abide by them. I fulfil all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and otherrules and instructions.

3. I have never been convicted by criminal court.

Date:	
Place:	
	of Candidate