26. List of Relevant Enclosures (Send with application form as hard copy):

- a. Attested Copies of all the Educational Certificates Testimonials/ Experience Certificates
- b. Last Pay Slip
- c. Age proof
- d. Differently-abled Certificate
- e. Forwarding letter from the employer
- f. Any other (Please Specify)

27. DECLARATION TO BE SIGNED BY THE CANDIDATE

- 1. I hereby declare that if I am selected for the applied post, I am willing to work either at AICTE headquarters or any of its regional offices and can be transferred from one location to another.
- 2. I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If ay point of time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

	(Name & Signature of the Applicant)
Dated:	
Place:	

NO OBJECTION CERTIFICATE (NOC) FROM THE EMPLOYER

NOC from the present employer of the ap	plicant. (strike o	ff whichever is no	ot applicable):
An application in r/o Mr./Miss/Mrs./Dr.		_ is forwarded he	erewith with	the remarks
that Sh./Ms./Dr.	is working in	n this Organizat	tion in the	capacity of
from	1	to	and the	Institution/
Organization has no objection to the ca	ndidature of the	applicant being	considered	for the post
applied for as above.				
Shri/Ms./Dr will h	and be relieved on de	putation/Lien ba	ısis within a	period of 2
months.	Or			
The organization is willing to provide the	services of		for a perio	od of 2 years
on secondment taking care of his / her sal	lary and shall rel	ieve him/her wit	hin a period	of 2 months.
Place:				
Date:		U	nature of Hoganization/	
Fax:		Name	<u></u>	
E-mail:		Designation	ı:	
		Address	6:	
			(Rubbe	er Stamp)

Annexure-II

VIGILANCE CLEARANCE CERTIFICATE AND INTEGRITY CERTIFICATE

This is to	o certify that Dr./Sh./Smt			is pre	esently ho	olding
the post	of	on reg	ular/temp	orary/ co	ntract ba	isis in
our	Organization/Department/Institute	in	the	Pay	of	Rs.
	w.e.f					
	her certified that no vigilance / disciplina or contemplated against him / her. The		•		1 5	
		Signatuı	re of emp	loyer witl	n office s	tamp
_						
Place:						

Annexure-III

CERTIFICATE BY EMPLOYER

This is to certify that Dr./Sh./Smt			is pre	esently h	olding
the post of	on reg	ular/temp	orary/ co	ntract ba	asis in
our Organization/Department/Institute	in	the	Pay	of	Rs.
w.e.f.					
It is further certified that the details give no against the AICTE advt. no correct as per our records.	-	•			
This Organization/Department/Institute has the post of		in	,	1 1 5	_
Signated: Place:	gnatuı	re of empl	loyer witl	ı office s	stamp