



**EDUCATIONAL  
QUALIFICATION**

QUAL.	SCHOOL/COLL NAME	UNIVERSITY	PASSOUT	MARKS OBTAINED	MAX. MARKS	%AGE	CLASS OBTAINED	SPECIALIZATION

**CERTIFICATION (IF ANY)**

COURSE NAME	UNIVERSITY/INSTITUTE NAME	YEAR OF CERTIFICATION	MARKS/GRADE OBTAINED

**PROFESSIONAL EXPERIENCE**

ORGANIZATION	DESIGNATION	PERIOD		JOB ROLE
		FROM	TO	

**DECLARATION:**

I hereby declare that the above provide information is true to my knowledge. At any time of moment if the above information is found wrong I am liable to be punished.

I accept to iSEWA Terms of Services and agree to register my information on nationwide iSEWA website. To protect our privacy the data will be used for iSEWA and its subordinate only.

**PLACE :**

**DATE :**

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**SIGNATURE**