

A.C.P. (D.D.) EXAM - 2024

CANDIDATE'S EXPERIENCES VERIFICATION SHEET

Date :

Name Of Candidate		Post	ACP (D.D.)
Merit		Roll No	

Educational Qualification

	Name of Exam	Passing Date	Document Pg. No.
Graduation			
Post Graduation			
Other Qualification (if any)			

Experience

S.N.	Name Of Company/ Organisation	Type	Designation	From Date (Post Qualification)	To Date (Upto 14-Aug-24)	Total Months	Major Position Hold & Responsibilities	Pg#
		Government Organization/ Government Undertakings/ Public Limited/ Private Limited Companies/ Others (if other pls specify)						
1.								
2.								
3.								

(Signature of Candidate)