## [To be typed in Rs.20/- Stamp Paper]

To

The Assistant Controller of Examination

Tamilnadu State Council of Vocational Training

Chennai-600116

Sign and Seal of Notary Public with Date

## **SELF DECLARATION**

Name of the Candidate	:			
Name of the Company	:			
Company / Organisation Address	:			
Designation	:			
Duration of Work	: From	To		
Total Years of Work Experience	:			
I			Son / l	Daughter of
Mr	_age	years, resident of _		in the
district of,Ta	milnadu, do	hereby declare that	he information	given above
is true to the best of my knowledg	ge and belie	f and nothing has bee	n concealed the	erein. Since I
lost my work experience certifica	te / was not	given work experier	ice certificate, I	request you
to consider my Self Declaration	in place of	of Work Experience	Certificate and	d accept my
admission to the chosen cours	se at Tami	ilnadu State Counc	il of Vocation	al Training
(TNSCVT). I am well aware of the	he fact that	if the information giv	ven by me is pro	oved false at
any point of time, I will be penal	ised accord	ing to law and all bea	nefits availed by	y me will be
summarily cancelled.				1
			Student Photo	

Student Signature with Date