

6. Experience :

a) Details of professional experience *:

Sr. No.	Organization	Position Held	Period		Experience in Years
			From	To	

b) Details of affiliation with Registered Voluntary Consumer Protection Organization*:
(Applicable only for Independent Member)

Sr. No.	Organization	Registration No.	Position Held	Period		Experience in Years
				From	To	
				Total Exp.		

*Attach separate sheet if required

7. Details of other Activities undertaken: _____

8. Options of the Locations for the post of Independent Member, CGRF (Up to 5 options of locations).

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
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I declare that all the above information and particulars are correct and that I will stand disqualified if any information is found to be incorrect at any stage.

Place : _____

Signature & Name

Date : _____