QUALIFICATION UNDERTAKING

I, Mr./Ms				S/o	or	D/o
	hereby	declare	that	I	po	ssess
			_ De	egree	imp	arted
by	_ which is in cor	nformity with	the qual	lificatior	n adve	rtised
vide Advertisement No: 10240206 of NALCO fo	or the post of GET	(), w	/hich I
have applied for. I do hereby also declare that the	ne aforesaid qualif	ication obtain	ned by m	e from	the Ins	titute/
University as mentioned above is recognized by	the Appropriate A	uthority of Go	vt. of Ind	lia.		
Further, I give this undertaking that at ar	ny point of time	during the	selection	on pro	cess o	or on
appointment after selection, if it is known	that any inform	ation provi	ded by r	me is f	alse o	r the
qualification is found to be not recogni	zed by Appropi	riate Autho	rity, my	/ cand	lidatur	re or
appointment as the case may be shall stand	d automatically t	erminated.				
	Sign	nature:				
	Nar	mo:				
	INdi	ne:				
	Application	n/Regd. No:				
	Date	٠.				