

INSTITUTE OF LIFE SCIENCES, BHUBANESWAR <u>APPLICATION FORM</u>

Advt. No.:		Dated:			
Post applied for:					
1. Name: (In capital letter):			Affix attested passport size		
2. Father's Name:			photograph		
3. Date of Birth:					
4. Age as on closing date of the application:					
5. Category: (SC/ST/OBC/General):					
6. Sex:	Marital Status:				
7. Address for Communication:					
Mobile No:					
Email:					
8. Qualifications:					

Exam Passed	College/ University	Subjects	Percentage of marks	Year of Passing

\sim	_	•	-		
u	$\mathbf{H}\mathbf{v}_{1}$	perien	CAL	letail	c.
ノ.	ĽΛ	perien	\sim	ctan	ıs.

Post Name	Name & address of employer	Joining	Leaving	Total	Nature of Job
		date	Date	duration	

		uate	Date	uuration			
10. One pag	10. One page write-up enclosed: Yes/No						
11. Name an	d contact details of two referees:						
A	١.						
В	3 .						
12. Details of Enclosures submitted:							
<u>DECLARATION</u>							
I do hereby declare that the above statements mentioned in this Bio-data are true, complete and correct to the best of my knowledge and belief.							
Place:							
Date:		Signature of the Candidate					