



INSTITUTE OF LIFE SCIENCES, BHUBANESWAR
APPLICATION FORM

Advt. No. _____ dated _____

Post applied for _____

1. Name Mr./Ms./Mrs: _____
(In Bold letter) First name Middle Last name

2. Father's Name: _____

3. Date of Birth: _____

4. Age as on closing date of the application: Year _____ Month _____ Days _____

5. Category: (SC/ST/OBC/General):

6. Sex: _____ Marital Status: _____

7. Whether qualified NET-LS: Yes/ No/NA-

8. Communication Address : _____

_____ Pin: _____

Phone No. _____

Email, if any _____

9. Qualifications: (Matriculation onwards)

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

Affix attested
passport size
photograph

10. Experience : _____

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

11. Extra Curricular activities:

12. Details of Enclosures submitted:

DECLARATION

I do hereby declare that the above mentioned statements made this Bio-data are true complete and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate