



INSTITUTE OF LIFE SCIENCES, BHUBANESWAR
APPLICATION FORM

Advt. No.:

Dated:

Post applied for:

1. Name: (In capital letter):

2. Father's Name:

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

9. Experience Details:

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

11. Details of Enclosures submitted:

DECLARATION

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