



INSTITUTE OF LIFE SCIENCES, BHUBANESWAR
APPLICATION FORM

Advt. No. & Date:

Post applied for:

1. Name (In Bold letter):

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. Communication Address:

Phone:

E-mail:



8. Qualifications: (Matriculation onwards)

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

9. Experience:

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

10. Extra-Curricular activities:

11. 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