# INSTITUTE OF LIFE SCIENCES, BHUBANESWAR (An Autonomous Institute under the Department of Biotechnology, Govt. of India)



# Application form the position of Project Associate I & II

1. Full name (Capital Letter):  2. Name of Father/Husband:  3. Gender: 4. Date of birth: Age as on 09.08.2021:  5. Marital status:  6. Address for correspondence:  7. Permanent address:  8. Contact no.:  9. Email:  10. Category: General/SC/ST/OBC (mark as applicable)  11. Physically handicapped (Yes/No):  12. Educational qualification:  Qualification Board/ University Year of Passing Subjects % of marks/ CGPA	Ac	dvertisement Nu	umber and Date								
2. Name of Father/Husband: 3. Gender: 4. Date of birth: Age as on 09.08.2021: 5. Marital status: 6. Address for correspondence: 7. Permanent address: 8. Contact no.: 9. Email: 10. Category: General/SC/ST/OBC (mark as applicable) 11. Physically handicapped (Yes/No): 12. Educational qualification:  Qualification   Board/ University   Year of   Subjects   % of marks/											
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<ul> <li>4. Date of birth: Age as on 09.08.2021:</li> <li>5. Marital status:</li> <li>6. Address for correspondence:</li> <li>7. Permanent address:</li> <li>8. Contact no.:</li> <li>9. Email:</li> <li>10. Category: General/SC/ST/OBC (mark as applicable)</li> <li>11. Physically handicapped (Yes/No):</li> <li>12. Educational qualification:  Qualification   Board/ University   Year of   Subjects   % of marks/</li> </ul>	3.	Gender:				photograph					
<ul> <li>6. Address for correspondence:</li> <li>7. Permanent address:</li> <li>8. Contact no.:</li> <li>9. Email:</li> <li>10. Category: General/SC/ST/OBC (mark as applicable)</li> <li>11. Physically handicapped (Yes/No):</li> <li>12. Educational qualification:  Qualification   Board/University   Year of   Subjects   % of marks/</li> </ul>	4.	Date of birth	h: A	Age as on 0	9.08.2021:	(3.5 X 4.5 cm)					
7. Permanent address:  8. Contact no.:  9. Email:  10. Category: General/SC/ST/OBC (mark as applicable)  11. Physically handicapped (Yes/No):  12. Educational qualification:  Qualification   Board/University   Year of   Subjects   % of marks/	5.	Marital stati	us:								
<ul> <li>8. Contact no.:</li> <li>9. Email:</li> <li>10. Category: General/SC/ST/OBC (mark as applicable)</li> <li>11. Physically handicapped (Yes/No):</li> <li>12. Educational qualification:</li> <li>Qualification   Board/ University   Year of   Subjects   % of marks/</li> </ul>	6.	Address for	correspondence:								
<ul> <li>9. Email:</li> <li>10. Category: General/SC/ST/OBC (mark as applicable)</li> <li>11. Physically handicapped (Yes/No):</li> <li>12. Educational qualification:    Qualification   Board/ University   Year of   Subjects   % of marks/</li> </ul>	7.	7. Permanent address:									
<ul> <li>10. Category: General/SC/ST/OBC (mark as applicable)</li> <li>11. Physically handicapped (Yes/No):</li> <li>12. Educational qualification:</li> <li>Qualification   Board/ University   Year of   Subjects   % of marks/</li> </ul>	8.	Contact no.	:								
11. Physically handicapped (Yes/No):  12. Educational qualification:  Qualification   Board/ University   Year of   Subjects   % of marks/	9.	Email:									
12. Educational qualification:  Qualification   Board/ University   Year of   Subjects   % of marks/	10.	10. Category: General/SC/ST/OBC (mark as applicable)									
Qualification Board/University Year of Subjects % of marks/	11.	Physically h	nandicapped (Yes/No)	):							
	12.	Educational	qualification:								
	Q	ualification	Board/ University								

13. Details of national examinations Qualified: (CSIR/UGC, DBT, DST-INSPIRE, ICMR, GATE, GPAT)									
Sl. No	Name of the examination	Award letter no. & Date	Roll no.	Fellowship (Yes/No),					
				If yes, valid up to					

## 14. Experience details (if any):

Sl. No.	Post Name	Name of Organization	Duration of Work	Nature of Job			

<ol><li>Title and duration of Masters presented</li></ol>	roject (	(if any):
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16.	Name	and	contact	details	of	two	referees
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A.

B.

17. List of enclosed documents:

### 18. Declaration:

I declare	that	the	infor	mation	furn	nished	in	this	app	olication	n fo	orm	is	true	in	all	aspec	ts a	ınd	I
understan	d tha	t in	case	any e	ntry	or inf	orn	nation	is	found	to	be	false	e, m	y a	ıdmi	ssion	sha	ll b	e
cancelled/	termi	inate	ed.																	

Place:	
Date:	(Signature)