

**PAEDIATRIC BIOLOGY CENTRE**  
**TRANSLATIONAL HEALTH SCIENCE AND TECHNOLOGY INSTITUTE**  
496, Udyog Vihar Phase III, Gurgaon – 122 016

Application Format

PLEASE FILL IN THE PROVIDED SPACE. ATTACH EXTRA SHEETS FOR MORE INFORMATION

POST APPLIED FOR \_\_\_\_\_

FULL NAME \_\_\_\_\_

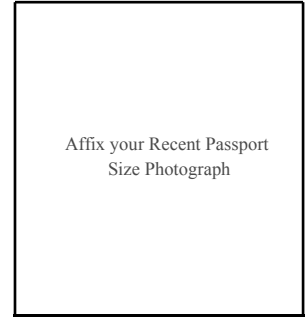
FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

DATE OF BIRTH  /  /

GENDER  MALE  FEMALE

CATEGORY  SC  ST  OBC  PH  GEN



DEMAND DRAFT NO	_____
ISSUING BANK	_____
DATE OF ISSUE [DD/MM/YYYY]	_____

ADDRESS: CORRESPONDENCE \_\_\_\_\_

PERMANENT \_\_\_\_\_

EMAIL ID \_\_\_\_\_ FAX \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ MOBILE NO. \_\_\_\_\_

**ACADEMIC QUALIFICATIONS**

NAME OF EXAMINATION PASSED	YEAR OF PASSING	DEGREE & SUBJECTS	BOARD / UNIVERSITY	% / DIVISION
SECONDARY				
SENIOR SECONDARY				
GRADUATION				
POST GRADUATION				
OTHERS				

**PROFESSIONAL QUALIFICATIONS / RECOGNITION**

NAME OF EXAMINATION PASSED	YEAR OF PASSING	DEGREE & SUBJECTS	BOARD / UNIVERSITY	% / DIVISION

**PAST EXPERIENCE**

DESIGNATION	PERIOD OF EMPLOYMENT	ORGANIZATION	SALARY

**PRESENT EMPLOYMENT**

DESIGNATION	PERIOD OF EMPLOYMENT	ORGANIZATION	SALARY

**DECLARATION:**

I declare that I fulfill the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature/appointment is liable to be cancelled/terminated.

Place:

Date:

Signature of the candidate