



# Indian Institute of Science

Bangalore 560 012, INDIA.

Tel : 22932231, Telefax : 080-23600757

E-mail: regr@admin.iisc.ernet.in

Application for the Post of \_\_\_\_\_

Paste a  
passport  
size recent  
photo

1. Name in Full: First Name

Middle Name

Last Name

2. Sex  MALE  FEMALE  OTHERS

3. Marital Status  MARRIED  SINGLE

4. Date of Birth: 



 5. Nationality

D D M M Y Y Y Y

6. Address:

Present

Permanent

7. Mobile Telephone No

8. Telephone (Office)

9. Telephone (Residence)

10 Telephone (Fax)

11. Email Id:

12. (a) Tick mark the appropriate box if you belong to reserved category  SC  ST  OBC

(b) Attested copy of certificate enclosed  YES  NO

(c) Whether Physically Challenged  YES  NO

(d) If Yes! tick mark the appropriate category  OH  HH  VH

(e) Percentage of Disability

(f) Attested copy of certificate enclosed  YES  NO

**13. Academic record starting with Matriculation:** (please attach photocopies of marks cards & degree certificates)

Degree	College / University / Institute	Year of Joining	Year of Leaving	Percentage of marks	Class / Division

**14. Employment:** (Particulars of your past positions) (please attach photocopies of experience certificates)

Employer	Position held	Date of Joining	Date of Leaving	Pay with Scale of pay

**15. Professional Training Received**

Year	Nature of Training	Duration	Organization where training was provided

**16. Membership of Professional Bodies**

Name of the Body	Status of Membership : Life / Annual

**17. Names and addresses of three references (at least one of them should be familiar with your recent work)**

	1.	2.	3.
Name			
Occupation or Position			
Address			
Fax			
E-mail			
Phone No			

**18. Details of major contributions in maintenance of Libraries.**

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**19. Statement of Objectives (please limit your response to the space provided using no less than 10pt font)**

a. Please indicate as to why you wish to join IISc Bengaluru.

b. How in your opinion do you meet the job requirements as advertised?

**20. I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.**

There are attached  sheets along with this form.

Date :

Place :

(Signature of Applicant)

Form to be returned to

**The Asst Registrar (Council),  
Indian Institute of Science,  
Bengaluru 560012, INDIA**

Telephone : 080-22932493  
Fax : 080-23600757

