



Shoolini University of Biotechnology and Management Sciences

Post Box No-9 The Mall Solan-173212(H.P)

Application form for employment.

Advertisement No. _____ Date _____

Sr. No. of the post _____

1. Post applied for : _____
2. Name in full(IN BLOCK LETTER) : _____
3. Father's Name: _____
4. Date of Birth:

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5. Place of Nativity (Distt. & State): _____
6. Present address to witch communication should be sent _____

7. Permanent Address: _____

8. Mother Tongue: _____
9. Other languages Known: _____
10. Whether belong to SC/ST/Backward Class/E.S.M. (Please Tick)

(If so attach certificate in support there of)
11. Educational Qualifications, beginning with the High School Examination:

S.No.	Certificate/Diploma or Degree obtained	Year of Study	Class with % of Marks obtained	Institution Board/Univeristy	Field of Specialization	Remarks

(Attach attested copies of certificaties in support of each degree or diploma)

16. List three referees not related to you, who can certify your professional competence

S.NO.	Name	Address

17 Any other information regarding experience etc. not covered above. If the space below is insufficient the applicant may attach additional sheets.

I certify that the information furnished above is true and correct to the best of my knowledge.

List of enclosures:

Signatures

Name and designation of the applicant