



JB GROUP OF EDUCATIONAL INSTITUTIONS
APPLICATION FORM FOR LABORATORY STAFF

Application for the Post of..... in(Department)



1. Name: Dr. /Mr./Ms. ----- : -----
(As per Official Records) (Surname)

2. Father's / Spouse's Name : -----

3. Phone: Mobile :

4. Email Id :

5. Present Address:
 City/Town

6. Permanent Address :
 City/Town.....

7. Date of Birth .../.../... Age : Years Married : Yes / No No. of Children.....
 (DD/MM/YYYY)

8. Caste : **(SC/ST/BC/EBC/OC)** : Religion:.....

9. Specialisation : Department :

10. Qualifications : **(Starting from Highest Degree):**

Qualification	Degree Awarded	Name of College / Institute /University	Constituent or Affiliated College	Studied from ...Year to .. Year	Year of Passing	Grade/ Aggregate Marks (%)
Post-Graduation						
Graduation						
Diploma						
Any Other Qualification						

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