भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान मोहाली

(शिक्षा मंत्रालय, भारत सरकार)

सैक्टर-81, नॉलेज सिटी, डा. घ. मनौली, सा. अ. सिं. नगर, मोहाली, पंजाब - 140306

INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH MOHALI

(Ministry of Education, Govt. of India)

Sector – 81, Knowledge City, P. O. Manauli, S. A. S. Nagar, Mohali, Punjab – 140306

APPLICATION FOR THE POST OF YOGA INSTRUCTOR ON PART-TIME BASIS

Paste a clear recent passport size photograph and sign across.

1.	Name in full (CAPITAL LETTERS)			
2.	Date of Birth (Enclose Self-attested copy of 10th Class / Matriculation Certificate)	**Day**	**Month**	**Year**
3.	Citizenship Status (Tick the appropriate box)	**Citizen of India** by Birth ☐	by Domicile ☐	
4.	Member of SC / ST / OBC-NCL / PwBD	Write SC / ST / OBC-NCL / (Attach Certificate) - ☐ Please indicate whether Person with Disability - (Attach Certificate). ☐		
5.	Gender			
6.	Marital Status			
7.	Religion			
8.	Correspondence Address			
9.	Permanent Address			
10.	Father's/ Husband's Name			

11.	Contact Number	
12.	Email ID	
13.	Aadhar No. (Please attach self-attested copy)	
14.	Are you related to any person who is an employee or student at IISER Mohali, or is an applicant for such a position? If yes, state particulars about him or her.	

15.	Details of Educational qualifications starting from 10th Standard/ Matriculation onwards			
Name of the Board / College / University	Examination / Degree	Subjects / Specialization	Division and Percentage	Year of Passing

16. Details of work experience (in chronological order and use extra sheet if required):

Organization	**Designation**	**Emoluments**	**From**	**To**	**Total**	**Nature of duties & their relevance with this position**

17.	Other Information:	
a)	Have you ever been published or convicted by a Court of Law?	Yes / No (Tick whatever applicable)
b)	Do you have any case pending against you in any Court of Law?	Yes / No (Tick whatever applicable)

18.	Any other relevant information (attach sheets if necessary)	

19.	I hereby declare that the information given above are true, complete and correct to the best of my knowledge and belief. No information has been concealed. And I fully understand that if it is found at a later date that any information given in the application is incorrect/ false or if I do not satisfy the eligibility criteria, my candidature/ appointment is liable to be cancelled/ terminated by the Institute. **Place :** **Date :** **Signature of the Applicant**