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 FORM FOR THE LIBRARY PROFESSIONALS (ON TRAINING), 2026 AGAINST ADVT. NO. NF (05)/LIBRARY PROFESSIONALS/2026 DATED 22.07.2026

Paste a recent self-attested Passport size photograph (5 cm X 4.5 cm in size)

1.	Name in Full with surname (Capital Letters)			
2.	Name of Father / Mother			
3.	Date of Birth (Enclose copy of 10th Class / Matriculation Certificate)	Day ☐☐	Month ☐☐	Year ☐☐☐☐
4.	Citizenship Status (tick the appropriate box)	**Citizen of India** by Birth ☐	by Domicile ☐	
5.	Member of SC / ST / OBC-NCL / PwBD / EWS	Write SC / ST / OBC-NCL / EWS (Attach Certificate) ☐	Please indicate whether Ex Serviceman / Person with Disability. ☐	
6.	Gender			
7.	Marital Status			
8.	Religion			
9.	Present Address			
10.	Email & Telephone / Mobile number			

11.	Permanent Address	

12. Details of Educational Qualifications starting from 10th Standard/ Matriculation

Name of the Board / College / University	Examination / Degree	Subjects	(Class / Division/ Percentage)	Year of Passing

13. Other Information:

a) Have you ever been punished or convicted by a Court of Law?	
b) Do you have any case pending against you in any Court of Law?	

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

15. 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 canceled/ terminated by the Institute.

Place :

Date :

Signature of the Applicant

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