



INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT Delhi)

D-1, Vasant Kunj, New Delhi, INDIA

Phone No.: 011-4630000 Ext.: 16017/16016; Fax: 26706785

Email: info@ilbs.in Website: www.ilbs.in

Application Form

Paste your recent
passport size
photograph

1. Name in block letters : Mr./Ms./Mrs. _____
First Middle Last

2. Gender : (Write '1' for Male, '2' for Female)

3. Marital Status : Married / Unmarried / Widow / Divorcee

4. (a) Permanent address : _____

City/District: _____
State: _____
Pin: _____ Phone/Mob.: _____

(b) Postal address : _____

(For correspondence) _____
City/District: _____ State: _____

Pin: _____ Phone/Mob.: _____

Email: _____

5. Date of birth : _____
(Please annex documentary evidence)

6. Are you

(a) A citizen of India by birth and or by domicile? Yes No

(b) Person of Indian origin : Yes No

(c) Holding dual citizenship : Yes No

7. Do you belong to any of the following categories :

(Please annex documentary evidence):

(i) UR/SC / ST / OBC / Ex Service men : _____

(ii) PWD (having 40% or more disability) suffering from: _____

8. Father's/ Husband's name : _____



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9. Educational Qualifications (matriculation onwards) (if required, attach extra sheet):

S.No.		Month & Year		Name of Degree /Diploma/Certificate	Name of Institution and Location
		From	To		

10. Work Experience (Start from most recent appointment/job) (if require, attach extra sheet):

S. No.	Organization Name	Date of Joining	Date of Leaving	Position Held	Nature of Job (Temporary/ Permanent /contractual)	Scale of Pay/ Total Emoluments

11. References (Name, designation, address and telephone/mobile number):

i. _____



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ii. _____

Declaration

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the test, interview, and joining, my candidature will stand cancelled and all my claims of the recruitment will stand forfeited.

Date:

SIGNATURE OF THE APPLICANT
