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 ENGAGEMENT OF APPRENTICES

Paste a clear recent passport size photograph and sign across.

1.	POST CODE			
2.	Name in full (CAPITAL LETTERS)			
3.	Date of Birth (*Enclose Self-attested copy of 10th Class / Matriculation Certificate*)	**Day**	**Month**	**Year**
4.	Age (*as on 00.00.2025*)	____ Years ____ Months ____ Days		
5.	Category: UR / SC / ST / OBC-NCL / PwBD	Mention category in the box UR / SC / ST / OBC-NCL (*Attach Certificate for reserved category*) Please indicate whether Person with Disability (*Attach Certificate*).		
6.	Gender			
7.	Marital Status			
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.	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*)
c)	Any other relevant information (*attach separate sheet if necessary*)	
17.	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**	