

Gandhi Institute of Biological Sciences, Gunupur

Application form for Admission

Please fill in the details in Block letters only. Please submit the application form along with

i. Photocopies of mark sheets

ii. Demand Draft of Rs. 200/- (Two Hundreds only) in favour of ôGIBS, Gunupurö payable at SBI, Gunupur (Code 1090).

SEND TO : **GIBS, GIET ~ Campus, Gunupur-765 022, Rayagada, Orissa, India**
For more queries please call at +91 94370 44170

Please paste a recent passport size photograph. Dont staple

Courses to which applying for : M.Sc Biotechnology M.Sc Industrial Biotechnology M.Sc Bioinformatics

PERSONAL INFORMATION

Full Name

Surname

First Name

Middle Name

FathersÆ Name

Sex

Male

Female

Date of Birth

Place of Birth

Age

Day

Month

Year

Category

General

SC

ST

OBC

Women

Nationality

Religion

Mother Tongue

Current Mailing Address

Permanent Address

State : Pincode Ph.No.

State : Pincode Ph.No.

Email Address

Mobile No.

Any ailment or continuing health problem :

Yes

No (If yes please specify)

Blood Group

Are you involved in any court proceedings:

Yes

No (If yes brief outline)

Whether you have passport or not:

Yes

No If yes mention passport no. and validity

Whether Hostel accomodation is required

Yes

No

Contd...

EDUCATION DETAILS

COURSE	SCHOOL/COLLEGE	UNIVERSITY / BOARD, LOCATION	SUBJECTS STUDIED	MONTH AND YEAR OF PASSING	PERCENTAGE OF MARKS
10TH STANDARD					
12TH STANDARD OR 10 +2					
DEGREE OR 10 +3					

FAMILY DETAILS

Father/Es Name	<input type="text"/>	Occupation	<input type="text"/>	Approx. Annual income	<input type="text"/>
Mother/Es Name	<input type="text"/>	Occupation	<input type="text"/>	Approx. Annual income	<input type="text"/>

LOCAL GUARDIAN

Full Name	<input type="text"/>	Relation	<input type="text"/>	Phone Number	<input type="text"/>
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DECLARATION

I submit myself to the jurisdiction of the authorities of GIBS, Gunupur and declare that I shall abide by its rules and regulations. I hereby declare that all particulars stated by me in this application and appendices are true. In the event of my being found as having given incorrect information GIBS hold the right to cancel my application.

Full signature of the parent / guardian

Place

Date

Full signature of the candidate

Place

Date

FOR OFFICE USE ONLY (Do not write in this area)**ADMISSION DATE :****CATEGORY:****ROLL NUMBER**