



# INDIAN INSTITUTE OF SCIENCE BANGALORE – 560 012

## APPLICATION FORM FOR THE POST OF SECRETARIAL ASSISTANT TRAINEE AT THE INSTITUTE

- Applications other than in this format will not be considered.
- Please fill the Application form in English language using CAPITAL letters.
- Incomplete applications and without copies of certificates are liable to be rejected.

Please affix here  
passport size photo  
and sign across with  
ink or gel pen

1.	Name						
2.	Father / Husband's* Name (*in case of married female)						
3.	Date of Birth	Date		Month		Year	
4.	Sex	Male / Female					
5.	a) Address for Communication  (Please write your correct and complete postal address. Urban residents shall write House / Door No., Street / Cross / Main Road, Block / Stage, locality, City and PIN Code. Rural residents shall write Village, identifiable landmark, PIN Code, Hobli / Via / Post, Taluk, Dist., State.						
	b) Telephone No.						
	c) Mobile Phone No.						
	d) e-mail Id (if any)						
	e) Fax (if any)						
6.	Educational Qualification	Please fill in the Academic Profile on Page No.3 including presently pursuing course (if any) and enclose photo (Xerox) copies of certificates					
7.	Category you belong to  OBC in this context refers only to communities recognized as Backward Class under the Government of India' and applicants under this category should enclose alongwith application form a photo (Xerox) copy of 'Certificate to be produced by other Backward Classes applying for appointment to posts under the Government of India. (Download Specimen copy). Otherwise, the Institute is constrained to treat them under General Category.  Applicants belonging to SC or ST category should enclose alongwith application form a photo (Xerox) copy of the caste certificate issued by competent authorities	General / OBC / SC / ST					

8.	Whether Physically Handicapped? viz. Hearing Impaired or Orthopaedically Challenged	Yes / No
To consider under this category, the Applicants should enclose a copy of the medical certificate in the prescribed form issued by the Competent Medical Authority for the purpose of employment		

9.	Details of employment / experience				
	Organisation	Designation	From	To	Nature of duties

DECLARATION

I, the undersigned hereby solemnly declare and affirm that the information furnished by me in the application form and academic profile is true and I have not concealed any information related to the above items. I understand that if any of the above is found untrue or that I have concealed any information, my application or selection or offer stands cancelled and the Institute can take action against me which it deems fit.

Place :

Date :

Signature of the Applicant

**Academic Profile**

Name of the Applicant					
Exam./Course Passed	Board/University	Month and Year	No. of attempts	Secured	
				% of marks/GPA*	Class/Divn/CGPA*
10th Std. Or equivalent (specify)					
12th Std. Or equivalent (specify)					
BA / B.Com / BSc or equivalent (specify)					
1 Year or 1 Sem.					
2 Sem.					
2 Year or 3 Sem.					
4 Sem.					
3 Year or 5 Sem.					
6 Sem.					
MA / MCom / MSc. Or equivalent (Specify)					
1 Year or 1 Sem.					
2 Sem.					
2 Year or 3 Sem.					
4 Sem.					
Professional / Technical qualification					
Diploma in Secretarial Practice / Commercial Practice (specify)					
1 Year or 1 Sem.					
2 Sem.					
2 Year or 3 Sem.					
4 Sem.					
3 Year or 5 Sem.					
6 Sem.					
English Typing Jr / Sr					
English Shorthand Jr/ Int / Sr					
Computer Course					

Please enclose photo (xerox) copies of all certificates (starting from 10<sup>th</sup> Standard) including convocation certificate wherever applicable.

Signature of the Applicant