

## NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH, BHUBANESWAR

## **BIO-DATA FORM**

(To be returned to the Registrar's Office)

The particulars and documents listed below are required for completion of service records at this Institute. This is one of the essential requirements for absorbing/confirming a member of staff in permanent service.

1. Full Name (IN CAP)	ITAL LETTERS):			
			NAME) (MIDDLE NA	AME)
2. Full Permanent H	Iome Address:			
(IN CAPITAL LE	ΓTERS)			
	-			
7 I and Address to t	DI. I. (DI		0	
3. Local Address in	Bhubaneswar, (Please n	iotily the changes, if a	ny from time to time)	
4. Father's/Husband	l's Name &:			
their residential a	ddussa			
	duled Caste/Scheduled			
	Christian Era:			
	onal Qualification: (Ma			
*****	Year of Passing	Division/Grade	University/Institu	tion
		э (		
			-	
6				
. Field of Specializa	ntion:			
	easurement (without sh			
	ridentification (if any)_			
2. Home Town:				
		Signature:		
			n:	
			nt:	
Date:			1	