INSTITUTE OF HUMAN BEHAVIOUR AND ALLIED SCIENCES DILSHAD GARDEN (NEAR GTB HOSPITAL); DELHI – 110 095

APPLICATION FORM FOR TEMPORARY APPOINTMENT FOR A FIXED PERIOD OF 12 MONTHS AT IHBAS FOR A SPECIFIC PROJECT TITLED "CESSATION OF DRUGS AND ALCOHOL IN NORTH, NORTH-EAST AND SOUTH DISTRICTS OF DELHI"

Note 1: Please type or write in block letter. Note 2: Incomplete application form and application without prescribed fee will be rejected.

		Recent Passport
1.	Name of post applied for :	Size Photograph
2.	Name (in capital letter):	
3.	Father's/Husband Name :	
4.	Date of Birth (Day/Month/Year:	
5.	Age as on	
6.	Sex (Male/Female) :	
7.	Address for communication :	
8.	Permanent Address:	
9.	Mobile No./E-mail :	

10. Education Qualification:

SI.	Name of Examination	Name of Board/University	Year of passing	Percentage of Marks/Grade
		14		
				•

11. Experience:

SI.	Name of Department	Post Held	Pe	Period		Nature of Duties
			From	То	Salary	
			5			

12. Other information if any

I hereby declare that the information given above is correct and true to the best of my knowledge and belief, and nothing has been concealed. I undertake that if at any stage any of the information given above is found false or incorrect my candidature/appointment may be cancelled. I further undertake that if at any stage I am found guilty of using unfair means in the recruitment process of violating any of the rules/Regulations governing the recruitment my candidature/appointment may be cancelled.

Signature of applicant