



UNIVERSAL SCHOOL OF BIOSCIENCES

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Email: biosciences@usb.org.in Website: www.usb.org.in

APPLICATION FORM

Course Applied for: _____

PHOTO

Personal Details: (In Block Letters)

- Name: _____
- Father's Name: _____
- Date of Birth:
- Sex: Male Female
- Mailing Address: _____
State _____ Pin Code _____
Tel. No. _____ Mob. No. _____ Email: _____
- Permanent Address: _____
State _____ Pin Code _____
Tel. No. _____ Mob. No. _____ Email: _____
- Nationality: _____
- Educational Qualification:

Exam Passed	Board / University	Subject Offered	Year of Passing	Division & % Mark

(Attach photocopies of all Certificates & Testimonials)

9. **Work Experience:** (If Applicable)

Name of Organisation	Desination	Total Work Exp.

10. Crossed Demand Draft/ Cashier's Cheque No. _____ Dated _____
drawn in favour of _____ for Rs./ USD _____

Declaration:

I request you to consider myself for the above mentioned certificate programme. I declare that information submitted here is correct and complete. I have no objection if Universal School of Biosciences verifies official records from any school/ institute/ board/ university previously attended by me and the Institute has the right to researve any decision made on the basis of incorrect or incomplete information.

Date: _____

Place: _____

(Signature of Candidate)