



## UNIVERSAL SCHOOL OF BIOSCIENCES

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### 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)