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| Logo of MoC | आंचलिक विज्ञान केंद्र /Regional Science Centre  (राष्ट्रीय विज्ञान संग्रहालय परिषद /National Council of Science Museums)  संस्कृति मंत्रालय / Ministry of Culture  जवाहर नगर /Jawahar Nagar, खानापाड़ा /Khanapara  गुवाहाटी /Guwahati- 781 022 | logo |

**Bio-Data**

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| **Paste recent colour passport size photograph & signed across** |

**Name of the Discipline : Trainee Education (Physical Science / Bio Science)**

**Name (in BLOCK LETTER) : Shri/Smt./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s / Husband’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Id. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Community : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Gen./ SC/ST/ OBC)**

**Aadhaar/PAN No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you Physically Handicapped : Yes / No**

*(If yes, please submit PH certificate)*

**Educational Qualifications :**

[Starting from Madhyamik (10th Class) or equivalent]

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| **Sl.**  **No.** | **Name of the Examination Passed** | **Division/Grade** | **Year of Passing** |
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| Please use separate page if required | | | |

**Contd……….2**

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**Technical Qualifications, if any :**

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| **Sl.**  **No.** | **Name of the Examination Passed** | **Division/Grade** | **Year of Passing** |
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**Work Experience (if ny) :**

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| **Sl.**  **No.** | **Name of the Organisation** | **Post Held** | **Tenure** | |
| **Joining** | **Leaving** |
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Whether undergone traineeship **: YES / NO**

at any unit of NCSM

(**If yes, then you are not eligible for this traineeship**)

Signature of the Candidate

Date:

***N.B: Attested photocopies of supporting documents should be submitted along with the Bio-data.***