



Application Form

Project Name: _____ Discipline: _____

Code : _____ Duration: From _____ To _____

Name: _____

Name of Father/ Husband/ Guardian: _____

Date of Birth: _____ Sex: Male/ Female Nationality: _____

Designation: _____

Institution: _____

Mailing Address: _____

City: _____ PIN: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Sponsorship: Institution sponsored/ Self-Financed

Education Qualification from High School Onwards:

Degree	Subjects	%	Grade [@]	Institute/University	Year of Passing

[@] Mention conversion factor, if any

- ❖ Experience, if any:
- ❖ Professional Qualification, if any:

Certified that all the details given above are true to the best of my knowledge

Place: _____

Date: _____ Signature of applicant: _____

Signature of Sponsoring Authority _____

Name _____

Designation _____

-----Mail To-----

Director
Gugly Centre for Biological Research
Plot No. 1272, Gada Sahi
Nayapalli, Bhubaneswar-751012
Orissa, INDIA

Phone : +91-674-6574493
E-Mail: director@gugly.org
E-Mail: info@gugly.org
Website: www.gugly.org

Note: Please attach attested copies of Mark sheet / Certificate etc. along with the application form. Originals are to be produced at the time of joining. For more details, please contact to the Director and also visit our web site www.gugly.org