**UNIVERSITY OF THE PUNJAB**

**APPLICATION FORM**

Affix photograph

## INSTRUCTIONS

1. Each question should be answered clearly and completely.  
   The application must be filled in and signed by the applicant.
2. Attested copies of Certificates and one passport size photographs should be submitted

with the application.

(3) Canvassing in any form will disqualify.

1. Application for the post of Research Associate/ Research Assistant

⬜ Development of recombinant viral vector vaccines against inclusion body hepatitis – hydropericardium syndrome for poultry industry (SBS and NIBGE)

Placement: National Institute for Biotechnology and Genetic Engineering (NIBGE) Faisalabad.

Name of applicant: ……………………………………………………………………………………….  
 (In block letter)

1. Date of birth (in figures and words) …………………………………………….……………………..…..   
      
   4. Father's Name …………………………………………………………….…………..…………………..

(In block letters)

1. Present address ………………………………………………………………….………………………..  
     
    ………………………………………………………………………………….……………...…………  
     
    Email: ………………………………………………..……… Mobile: ………………………………….
2. Permanent address …………………………………………………………….……….……………  
     
    …………………………………………………………………………………….………….…………..  
     
    ………………………………………………………………………………………………….……..…

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1. Government of Pakistan Identity Card No ………………………………………………………….…...

1. Personal Mark of Identification as given in the Identity Card ………………………….…………….…...
2. Academic Qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Examination Passed** | **Year of  Passing** | **Institution  attended** | **Grade/Division with  marks obtained** | **Subjects  studied** |
|  |  |  |  |  |
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|  |  |  |  |  |

1. Experience, including past University service, if any:

|  |  |  |
| --- | --- | --- |
| **Name of Institution served** | **Capacity in which  served** | **Dates  From: ……. To** |
|  |  |  |
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1. List of documents attached:
2. CNIC and a latest photograph of the candidate □
3. Curriculum vitae □
4. Attested copies of educational certificates □
5. Attested testimonials/experience certificate □
6. Any other □

I solemnly declare that the information given above is correct. In the event of any part of the information being wrong, I shall be liable to disciplinary action, including dismissal from service.

Date

Signature of the applicant

FOR OFFICE USE ONLY

(Muhammad Abid)

Administrative Officer