**P**akistan **C**ouncil **of S**cientific **& I**ndustrial **R**esearch **(PCSIR)**

****(Head Office, Constitution Avenue, Sector G-5/2, Islamabad)

 **“ESTABLISHMENT OF MEDICAL CANNABIS GREENHOUSES FOR BIOTECHNOLOGY DERIVED BIO-PRODUCTS, NATIONAL HEMP & CANNABIS ANALYTICAL LABORATORY AND NATIONAL INDUSTRIAL HEMP & MEDICINAL CANNABIS AUTHORITY)”**

**------------------------------------------------------------------------------------------------------------------------------------------------------------------**

Passport size photograph

**APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
|  **Application for the post of** |  | **PPS**:  |

|  |
| --- |
| **1 .Name of Applicant:**  |
| **2. Father ‘s Name:**  |
| **3.CNIC No.:** | **4.Date of Birth:**  | **5.Age on closing date:**  |
| **6. Religion:**  |  **7.Gender:** | **8.Domicile:** | **9.District:**  |
| **10. Postal Address:**  | **11.Permanent Address:**  |
| **12.Contact No. (Line/ Mobile** | **13. E-mail:----** |
| **14.Academic Qualification as per required Criteria:** |
| **Sr.#** | **Degree/Certificate**  | **Field of Study / Subject** | **CGPA/ Grade/ Division / % age** | **Name of the Board /University /Institute**  |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
|  |  |  |  |  |
| **15.Professional Certifications etc.:** |
| Sr.# | Course/Diploma /Certificate  | Field of Study | Duration | Institution  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **16.Relevant Experience:** |
| **Sr.#** | **Name of the Employer / Org./** **Dept.** | **Post held with pay scale** | **Job profile/Salient contribution / Work done** | **Period** |
| **From** | **To** | **Total** |
| 01 |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  **17. Additional Certificates/ Research Papers/ Technical Papers/ Patents etc.:** |
| 1 |  |
| 2 |  |
| 3 |  |
| **18. Disabled Quota.** |

By signing below and submitting this application form Iagree that the information I have provided above is accurate to the best of my knowledge. I hereby undertake that incorrect information will lead to disqualification of my candidature.

\*\* Applications should be duly supported by attested photocopies of all Degrees/ Certificates/ Documents; otherwise the applications will not be entertained.

 Signature of the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_