**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)”**

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Passport size photograph

**APPLICATION FORM**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  | | |  | | | |  | | | | |
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| **15.Professional Certifications etc.:** | | | | | | | | | | | | | |
| Sr.# | Course/Diploma /Certificate | | Field of Study | | | Duration | | | | Institution | | | |
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| **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 |  | |  | | |  | |  | | |  | |  |
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| **17. Additional Certificates/ Research Papers/ Technical Papers/ Patents etc.:** | | | | | | | | | | | | | |
| 1 |  | | | | | | | | | | | | |
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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_