

Punjab Biotechnology Incubator

(A State Govt. Undertaking)

SCO: 7&8, Phase-V, SAS Nagar (Mohali)

Phone : 0172-5093595, 5020895

PROFORMA-I

To be filled in by the candidate		For Office use
Advt.No. & date _____ & _____	Particulars of application fee (Rs.)____ _____	Application S. No:
Post applied for _____	Demand Draft No Date	Date of receipt: _____
Category (General / Reserved): _____ (in case of reserve, please specify)	Name of the Issuing bank & Branch____	

Passport
size
Photograph

1. Name (in block letters)	:	
2. Father's Name	:	
3. Date of Birth	:	
4. Age as on Date of Advertisement :	:	yy.....mm.....dd.....
5. (a) Postal Address	:	
(b) Permanent Address	:	
6. Phone No. / Mobile No	:	
7. e-mail address	:	
8. Educational/ Professional Qualifications (starting from higher to lower)	:	

Exam Passed	Year of Passing	Duration		Board /Univ.	Major Subject	Total Marks	Marks Obtained	%age
		From	To					

09. Any additional qualification.
(Enclose a separate sheet, if the space is insufficient)

10. Total Experience:	:	
11. Any other achievements	:	
12. Give names, designations and complete addresses and telephone nos. of two References who are familiar with your work & conduct	:	

Date :
Place:
Signatures of the applicant

13. List of enclosures: 1.....5.....
2.....6.....
3.....7.....
4.....8.....

PROFORMA-II

Details of Experience

Name of Applicant: _____

S. No.	Name of the Organization	Designation with pay scales / consolidated	Duration			Detailed Nature of Experience	
			From	To	Total Years / Months		
			Total Experience				

(Signatures of the applicant)

PROFORMA-III

NAME OF POST APPLIED FOR _____

Name, Address and contact number / Mobile / e-mail address Of the candidate	Date of Birth	Category (General/ SC/ST/OBC / any other)	Qualification (Starting from higher to lower till graduation level)				Experience			
			Degree	Year of Passing	%age / OCPA / OGPA	University / Institute	Name of organization	Period		Experience in Brief
								From	To	