



Photograph

**Centre for Applied Molecular Biology (CAMB)  
87-West Canal Bank Road  
Thokar Niaz Baig, Lahore-53700**

**Name of Applicant**

**Post Applied for**

**Qualification**

**Domicile**

1. This form must be accompanied by
  - a. A crossed pay order/ bank draft of Rs. 500/= in favour of the Director General, CAMB, Lahore.
  - b. A passport size recent photograph.
  - c. Curriculum Vitae
2. Persons already in employment should submit their applications through proper channel. Advance copy may however be sent to save time.
3. Incomplete applications or those received after the due date will not be entertained.
4. The Centre reserves the right not to fill any vacancy without assigning any reason therefore or consider a person for appointment in a lower cadre against the post advertised.
5. Fill in the application form complete in all respect, incomplete/ unsigned form will be rejected.
6. Please reply all columns. Additional sheets may be attached where column space is insufficient, however, your answer should be as precise as possible.



**20. If attended any specialized training course.**

**21. Give a list of all research papers published in scientific journals (Impact, Factor, Journal only).**

**22. Please give a list of research projects (include competitive research grant from research funding agencies and PC-1 prepared for the institute) attached additional sheet, if required.**

<b>TITLE</b>	<b>VALUE/ DURATION AND THE NAME OF FUNDING AGENCY</b>	<b>PROPOSED OBJECTIVES</b>	<b>ACHIEVEMENTS</b>

**23. Please name three referees:**

(01)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

(02)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

(03)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

**25. Give particulars of employment since completion of your education.**

POST HELD	WHERE EMPLOYED	SCALE OF PAY	DURATION		REASON FOR LEAVING
			FROM	TO	

**26. Membership of learned societies: (Give the name of society and nature of membership or office held)**

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**27. If already in service, are you under liability to repay money to any institute or person, state the particulars.**

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28. Have you obtained the explicit permission of your employer to apply for this post?

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29. Give the name, designation of your employer/ employers and please give your consent to write to your employer for a confidential report. (Please tick one)

I give my consent to write to my employer.

Yes	No
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DECLARATION

I certify that the statements made by me in this application are true to the best of my knowledge and belief, and that I hold myself responsible for my discrepancy.

(SIGNATURE OF APPLICANT)

Dated: \_\_\_\_\_