

# Punjab Biotechnology Incubator

(A State Govt. Undertaking)

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

## PROFORMA-I

(Hard copy to be submitted)

To be filled in by the candidate		For Office use
Advt.No. & date _____ & _____	Particulars of application fee (Rs.)_____ _____	Application S. No:  Date of receipt: _____
Post applied for _____	Demand Draft No: _____ Date : _____	
<b>Category (General / Reserved):</b> _____  (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 last date of application i.e. 27.01.2017	:	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		College / institute	Board /Univ.	Major Subject	Total Marks	Marks Obtained	%age marks
		From	To						

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

10. Total Experience: Give detailed experience in <b>Annexure-I</b>	:	
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.....

**Details of Experience**

Name of Post Applied For: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_  
(Signatures of the applicant)

**PROFORMA-II**

**(Soft copy to be submitted in word format at [pbt2005@yahoo.com](mailto:pbt2005@yahoo.com))**

**NAME OF POST APPLIED FOR \_\_\_\_\_**

Sr. No	Name, Address and Contact no. Mobile / e-mail address Of the candidate	Date of Birth	Category (General/ SC/ST/O BC / any other)	Qualification (Starting from higher to lower till Graduation level)					Experience			
				Degree	Year of Passing	%age / OCPA / OGPA	College / Institute	Board / University	Name of organization	Period		Detail of experience
										From	To	