

Punjab Biotechnology Incubator
(Department of Science, Technology & Environment, Punjab)
 C-134, Industrial Focal Point, Phase-VIII, SAS Nagar
 Email: rectt.pbti@gmail.com
PROFORMA-I
(Hard copy to be submitted)

To be filled in by the candidate		For Office use	Passport size Photograph
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 _____		

1. Name (IN BLOCK LETTERS)	:	
2. Father's Name	:	
3. Date of Birth	:	
4. Age as on last date of application i.e. 31 08.2021	:	yymm..... 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						

* marks of qualifying degree should be given in %age along with calculating formula for converting from other type of marking system

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

10. Total Experience: Give detailed experience in Annexure-I	:	
11. Any other achievements	:	
12. Give names, designations and complete addresses and contact nos. of two References who are familiar with your work & conduct	:	

Date :	
Place:	
	Signature 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				

(Signature of the applicant)

PROFORMA-II

(Soft copy to be submitted in Microsoft Office Word Document format at rectt.pbti@gmail.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/ OBC / any other)	Qualification (Starting from higher to lower till Graduation level)					Experience			
				Degree	Year of Passing	%age*	College / Institute	Board / University	Name of organization	Period		Detailed Nature of Experience
										From (Month & year)	To (Month & year)	

* marks of qualifying degree should be given in %age along with calculating formula for converting from other type of marking system