

## APPLICATION FORM

To

The Chief Scientist/Director,  
Rapid Soil Fertility Survey &  
Soil Testing Institute, Thoker Niaz Baig,  
Lahore.

|     |   |   |
|-----|---|---|
| 1.  | <b>Project Name:</b>  | <b>“Extension Service 2.0 – Farmer Facilitation through Modernized Extension”</b> |
| 2.  | <b>Post applied for:</b>  | Laboratory Technician, BPS-11   |
| 3.  | <b>Advertisement date:</b>  |   |
| 4.  | <b>Closing date:</b>  | 09-12-2020  |
| 5.  | <b>Date of birth (Y-M-D):</b>   |   |
| 6.  | <b>Age (Y-M-D):</b>   |   |
| 7.  | <b>Name of applicant:</b>   |   |
| 8.  | <b>Father’s/Husband’s Name:</b>   |   |
| 9.  | <b>CNIC No (Attested copy to be attached):</b>  |   |
| 10. | <b>Email Address:</b>   |   |
| 11. | <b>Cell/Mobile No:</b>  |   |
| 12. | <b>Postal Address:</b>  |   |
| 13. | <b>Domicile (Attested copy to be attached):</b>   |   |
| 14. | <b>Experience Certificate(s) (if any) (Attested copies to be attached):</b>                                       |   |
| 15. | <b>Release order issued by the concerned Institute (In case of Ex-servicemen) (Attested copy to be attached):</b> |   |
| 16. | <b>Hafiz-e-Quran Certificate issued by authorized Institute/Madrissa (Attested copy to be attached):</b>          |   |

|        |   |                 |             |               |          |   |
|--------|---|-----------------|-------------|---------------|----------|---|
| 17.    | <b>Equivalency certificate issued by the HEC/authorized Institute (if required) (Attested copy to be attached):</b> |                 |             |               |          |   |
| 18.    | <b>Three Photographs (Attested copies to be attached) one on front side, two on back side:</b>                      |                 |             |               |          |   |
| 19.    | <b>C.V of the candidate :</b>   |                 |             |               |          | (copy to be attached)                   |
| 20.    | <b>Qualifications:</b>  |                 |             |               |          | <b>(Attested copies to be attached)</b> |
| Sr. No | Name of the Certificate/Degree  | Year of Passing | Total Marks | Mark Obtained | Division | Field of Study/Subject                  |
| i.     |   |                 |             |               |          |   |
| ii.    |   |                 |             |               |          |   |
| iii.   |   |                 |             |               |          |   |
| iv.    |   |                 |             |               |          |   |
| v.     |   |                 |             |               |          |   |
| vi.    |   |                 |             |               |          |   |
| vii.   |   |                 |             |               |          |   |
| viii.  |   |                 |             |               |          |   |
| ix     |   |                 |             |               |          |   |
| x.     |   |                 |             |               |          |   |

21. Any additional information:

I hereby certify that I have carefully read and filled all above mentioned columns and attached all attested documents.

Signature: \_\_\_\_\_

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

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