

APPLICATION FORM

Name: _____

Father/Spouse: _____

Date of Birth: _____

Gender: _____

NIC no: _____

*Recent
Photograph*

Affiliated Institute: _____

Designation: _____

Address: _____

Ph: _____

Fax: _____

E-mail: _____

Academic Qualification: _____

Research/Training Experience: _____

(Signature of the Applicant)

(Head of the Institute)