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| **Wheat Improvement Training Course** |
| APPLICANT INFORMATION |
| Applicant’s Last Name: | First: | Middle: | ❑ Mr.❑ Mrs. | ❑ Dr.❑ Ms. | Marital Status |
|  | Single / Married |
| Birth Date (Mm/Dd/Yy) | Age: | Sex: | CNIC: |
|  |  | ❑ M | ❑ F |  |
| Street address: |
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| Email: | Phone no.:( ) | Mobile no.: |
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| **EDUCATION** |
| Name of Institute/ University | Major Field of Study | Title of Degree | Date of Completion |
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| Are you currently enrolled in a PhD program ❑ Yes ❑ No |
| If Yes, please fill the following information: |
| Affiliation | Research Title | Date of Accomplishment |
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| **PROFESSIONAL EXPERIENCE**  |
| **Training Courses** |
| Name of Training | Date | Institution  |
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| **Employment** |
| Organization Name | Date Of Employment | Designation  | Mailing Address And Phone Number |
| Joining | Ending |
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| **Awards/ Scholarships (if any)** |
| **Title** | **Date** | **Description** | **Institution** |
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| **Professional Publications (if any)** |
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| **LOGISTICS SUPPORT (if required)** |
| Accommodation Required ❑ Yes ❑ No  |
| Any other support  |
| **WRITE A BRIEF PARAGRAPH ON**  |
| Why you should be selected and your expectations to gain from this course? (word limit: min 250; max 300) |
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| **CONDITION OF ACCEPTANCE**  |
| I (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) certify that all information provided on this application form is true to the best of my knowledge and that willful misstatement may lead to disqualification and/or revocation of the training course. I have no known established and/or expected business, employment or other commitments that would prevent me from completing the Wheat Improvement Training Course.I will be available to attend program sessions on Saturdays and Sundays if required, March 01 through May 15, 2015. I understand these sessions will be held in Faisalabad. At the end of my training, I will provide a brief report as required by the Wheat Productivity Enhancement Program.I agree to put forth my best effort and fully participate in all the activities. |
| Full Name of Applicant | Signature | Date |
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| **To apply, fill and send this registration form before February 15, 2015:**Dr. Makhdoom Hussain (makhdoomhussain@yahoo.com) Cell# 0300-7213713 Ms. Hira Khalid (h.khalid@cgiar.org) Cell# 0334-8951431 |