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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** | | | | | | | | | |
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| **Employment** | | | | | | | | | |
| Organization Name | Date Of Employment | | | | Designation | | | Mailing Address And Phone Number | |
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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 | | |
|  | | |  | | | |  | | |
| **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 | | | | | | | | | |