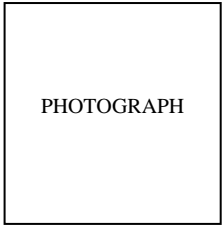


## APPLICATION FORM



Name

Official Position

Date of Birth

Organization

Tel. Off. \_\_\_\_\_ Mob. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_

Academic Qualifications: \_\_\_\_\_

**Research/Teaching Experience:** \_\_\_\_\_

Have you applied earlier? Yes  No

Have you attended course at NIFA earlier? Yes  No

Do you need accommodation? Yes  No

\_\_\_\_\_  
Applicant's Signature

Recommendation of Head of Establishment:

**Please send it to:**

**Ms. Samreen Shehzadi** (Course Organizer)  
Nuclear Institute for Food and Agriculture (NIFA),  
P.O. Box No.446, Peshawar  
Phone: 091-2964060-62 (Ext. 272)  
Fax: 2964059  
Email: [trainingcourse@nifa.org.pk](mailto:trainingcourse@nifa.org.pk)  
[shehzadisam@yahoo.com](mailto:shehzadisam@yahoo.com)