



POULTRY RESEARCH INSTITUTE, PUNJAB

Murree Road, Shamsabad, Rawalpindi.

Ph: 9292173 Fax: 9292184

E-mail: dprirwp@gmail.com



ADMISSION FORM

☐ 3 month ☐ 6 month

Reg. No. _____

Name of Course: _____

Name:

In Block Letters

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Father's Name:

Guardian's Name

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Place for
Photograph

Marital Status: ☐ Married ☐ Unmarried

Gender: ☐ Male ☐ Female

Nationality: _____

Religion: _____

Permanent Address: _____

Present Address: _____

Residence No. _____ Mobile No. _____ Email: _____

Academic Record:

Sr. No	Examination Passed	Year	Total Marks	Marks Obtained	Division/ Grade

Detail of Training Previously Obtained: _____

Any Previous Experience of Poultry keeping/ _____

Poultry Farming/ Hatchery Operation etc. _____

I hereby solemnly undertake that I shall not indulge myself in politics, indiscipline, violation of rules and regulation. In case of violation I may be expelled from the institute without further notice.

Attested by Parents/ Guardians

Signature of Applicant



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ADMISSION FORM

Instructions:

1. Attach one passport size photograph attested by a gazetted officer.
2. Attach attested photocopies of Matriculation Certificate, Degree, National Identity Card etc.
3. Admission form must be got verified by Parents/ Guardians.
4. Persons already employed in Government/ Semi-government or Private organization should attach permission/ NOC from the employer.

FOR OFFICIAL USE ONLY

Application Received by: _____ Date: _____

All required documents are attached: ☐ Yes ☐ No Registration No. _____

Admission: ☐ Approved ☐ Not Approved

Signature of Approving Authority