**Skill Assessment Form**

 **CANDIDATE INFORMATION**

| Name :  |
| --- |
| **Address:**  |
| **Phone:**  |
| **Email:**  |

 **SKILL INFORMATION**

| # |  NAME OF SKILL | LEVEL OF EXPERTISE | HOW MANY TIMES PERFORMED |
| --- | --- | --- | --- |
|  | SEQUENCING |  |  |
|  | PCR & Q-PCR |  |  |
|  | Gene Editing |  |  |
|  | Methylation Studies |  |  |
|  | Microbiome Research |  |  |
|  | In-Vitro Assay |  |  |
|  | Protein Purification |  |  |
|  | Protein Analysis |  |  |
|  | Enzyme Production  |  |  |
|  | Immunology Assay |  |  |
|  | Bio-Chemical Assay |  |  |
|  | HPLC Analysis |  |  |
|  | Analysis by Gas Chromatography |  |  |
|  | Mass Spectrometry  |  |  |
|  | Microscopy  |  |  |
|  | Data Analysis & Statistics  |  |  |
|  | Bio-Informatics  |  |  |
|  | Scientific Writing  |  |  |
|  |  |  |  |

 **OTHER SKILLS**

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| --- |
|  |

 **AUTHORIZATION SIGNATURE DATE**

| For Office Use Only | Comment |  |
| --- | --- | --- |
| **Received By** |  | Date |
| **Forwarded to**  |  | Date |