**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 |