

Application Form No: _____

University of Agriculture, Peshawar
Post applied for
Department:

Attach Recent Passport size Photograph (2" x 2") In this Space

Instructions:

- 1. Please fill each row and column in this Application Form very carefully. If a row or a column is not relevant to you, write "NOT Applicable" or "NA".
- 2. The completely filled Form along with a Receipt of Rs. 2000/- (two thousand only) processing fee in the University Main Account No. 14870007450701, Habib Bank Limited Agriculture University Branch, Peshawar, should reach the Registrar on or before the due date.
- 3. In-service persons should apply through proper channel.
- 4. Copies of Certificates, Degrees, Diplomas, Medals/Distinctions Certificates and written evidence from the employer(s) of the past service, wherever applicable, should invariably accompany this Application Form.
- 5. 4 (Four) sets are required from the candidates for the post of Professor & Associate Professor.
- 6. Incomplete Application Forms as well as those received after due date, shall not be entertained.
- 7. Whenever necessary, use additional sheets for additional information.
- 8. You will be tested in the interview in your area of specialization, SO PLEASE COME THOROUGHLY PREPARED ON THE DAY OF INTERVIEW.

1. Name (in block letters)

2.	Father's Name	

2. Address (a) for correspondence (interview call)

7. Education Record:

Level of Education	Name of Examination Passed	Institution Or Board Or University	Date of obtaining Certificate/ Degree	Marks obtained out of	Major Subjects
Matriculation					
Intermediate					
Bachelor's					
Master's					
Doctorate					
Any other specify					

8. EMPLOYMENT RECORD:

INSTRUCTIONS

Please indicate various appointments, in chronological order, in pay scale 16 or its equivalent, and onwards, held by you.

Scale of Pay	Designation	Dates		Name and address of
		From	То	Employer

9. Other Formal Training or Education:

Name and Place	Type of Training	Duration		Certificate or
		From	То	Diploma obtained
				obtained

10. Membership of Associations/Organizations:

Name of Association/Organization	Title	Duration

Publications: (Indicate Significant Publications and attach originals or reprints)

List of Publications

(Use additional sheets, if needed)

11. REFERENCES:

List of two competent, known, and responsible persons who can write on your behalf regarding your professional ability and competence in teaching, research, extension/ outreach, administration, etc.

1		
	Phone #	
2.		
	Phone #	

12. LIST OF CERTIFICATES ATTACHED:

(give the list in sequence in which documents are attached)

13. DECLARATION

I hereby declare that all the entries in this Application Form and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand that any misrepresentation of the facts in this application shall result in the rejection of my application, and if an appointment has been accepted, dismissal from the service.

Dated _____

Signature of Candidate