

JOB APPLICATION FORM

(To be filled & submitted by the candidate. Incomplete/late submitted form shall be rejected.)

APP		TION NO			(for of	ffice use)	
Advertisement Ref. No Last			Last Date	e		Please attach recent	
	Payment of processing fee (as per advertisement), pl slip at back side of this page. Tick (choose) only one						photograph
зир а	1	Through	2 Bank D	Draft/ DD/	3	Online	
		Challan	Postal	Order		Deposit	
For l	Bank	Draft/Demand l	Draft/ Postal (Order:			
Bank	Nam	e:	Sr. No.			_ Date:	
1	Online Name		ode :				
i							e:
Amo	unt Do	eposited: Rs.					
1.]	Nam	e of the Car	ndidate				
						(in capital letters	
2.]	Fath	er's Name_					
3. 9	Spou	ıse's Name:				<u>(C : 1</u>	1.1
4 . 1	Prese	ent Address	•			(for married can	
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		-					
6.]	E-ma	ail Address			·	7. Dom	icile
8. (Cano	didate's Con	ntact No				
9.]	Date	of Birth			(as	recorded in the	Matriculation Certificate)
		(on closing					
		ears		Months			Days
L			<u> </u>			!	
11.	Natio	onal Identity	Card No.			-	-
12. (Geno	der (Male / I	Female)			13 . Religion	1:
111	D-		aa 41	.al:£.aa+:-	.	ogonile ad F-	the most and: 1 £ 0
		_	_		_		the post applied for?
(Yes	/No)			_ (a	s specified in t	the advertisement)

15. Academic Qualification: All the entries must be supported by certificates or degrees failing which no claim of Qualification will be maintainable. (All documents should be attested) Please mention details of all examinations / degrees and technical qualifications obtained, starting with Matriculation in the order in which passed.

Certificate / Degree	Subjects	Board / University	Year of Passing	Total Marks	Marks obtained	Division/ CGPA	Remarks/ Distinction
Matriculation							
Intermediate							
Graduation							
(14 Years)							
BA/BSc. (Hons)/							
Masters (16 years)							
MPhil/MS							
PhD							
Others							

16.Service Record: Indicate details of your entire service record upto your present post.

Total Experience = Years _____ Months ____

	Office /Department	Govt. / Semi Govt./ Private	Permanent / Temporary / Adhoc	Dura	tion	BS / TTS / Monthly Salary	Remarks
Post / Designation				From	То		

17. Professional Training	(Please start from most recent training	g and list in descending order.
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Course/ Diploma/ Certificate	Field of Study	Institution
10 D	1 0 11	

		ticulars of all post-graduate research of the		
Program	Topic	8	1 /	
BA/BSc (Hons)/ MA/MSc				
MS/MPhil				
PhD				
19. List of Publ	ications	(Attach extra sheet if required.)		
Title of Resear	ch Paper	Name of Journal with ISSN and Impact Factor	Volume, Page No. & Year	
1.				
2.				
3.				
4.				
5.				
		ou would like to join GC Univers		
	`	two academic/ professional refere	•	
Reference No. 1:	Name			
Designation		Organization		
Address		Contac	et No	
Reference No. 2:	Name			
		Organization		

Address _____ Contact No. ____

22.	If you	r last service has been terminated by the Government for want o	f vacancy,						
	please	give dates of such service from to	·						
23.		are an ex-serviceman, please give the dates of your service in Arn							
	(as sho	(as shown in the Discharge Certificate) from to							
		nention rank at the time of release / discharge:							
24.		have ever been dismissed / terminated / removed from any Provinci							
	•	Govt./ Autonomous/ Semi-Autonomous Agency of the Federal or Provincial							
		nment for reasons other than want of vacancy, men							
		·	-						
		Department Year Year Year Year Year Year							
25									
25.		"Yes" or "No" against the certificates and other documents which	i you nave						
	attache	ed with this application:-							
		CHECK LIST (Please attach attested copies of the relevant documents							
۵)			(Yes / No)						
a)	i)	Matriculation Intermediate							
	ii) iii)	Graduation							
	iv)	Masters							
	v)	MPhil							
	vi)	PhD							
	vii)	Any other document							
b)	i)	Domicile Certificate							
	ii)	Experience / Service Certificate							
	iii)	iii) Certificate of Distinction							
	iv) Certificates of Co-Curricular Activities								
	v)	Any other document							
c)	i)	In case of Govt. Service, Departmental Permission Certificate from Appointing Authority.							
	ii)	In case the candidate has been terminated from any Government Service due to non- availability of a vacancy, Certificate of such Service.							
	iii)	In case of Ex-Serviceman, Discharge Certificate							
I do	hereb	y solemnly declare that all the entries made and information supplies	d by me in						
	•	•	•						
		eation form are correct to the best of my knowledge and belie	•						
		I that the facts given above will serve the basis for determ							
•	_	ility by the University and my candidature so determined by the	•						
		provisional until it is verified with the original certificates at the tir	me of test /						
inte	erview.								
Car	ndidate'	's Signature: Date:							

GC UNIVERSITY LAHORE

Certificate of Departmental Permission

To be submitted by the candidate who is in Govt. / Semi Govt. Service

1. Tl	ne following particulars	should be filled in by the candidate:-
a)	Name	
b)	Father's Name	
c)	Post held at present	
d)	Office / Department	
e)	Post applied for	
f)	Advertisement dated	
Date	ed:	Signature of the Candidate
The	-	lled in by the Department / Office.) date has been permitted by this Office / Department to hat:-
a)		en employed in this Department/ Office as sincesince
b)	He / She holds this po	ost in permanent / temporary or adhoc capacity.
c)	ineligible for the pos	record of this Department which may render him and that his / her record of service is satisfactory and eedings / enquiry are pending against the candidate.
d)		ndidate / employee is selected, he / she will be relieved nent to join the post for which he / she has applied.
Date	d:	Signature Name and Designation of the Appointing Authority or Authorised Officer on his behalf

Candidate Name:	
Postal Address:	
 	City
Contact Nos.	
Candidate Name:	
Postal Address:	
i	C't
	City
Contact Nos.	
Candidate Name:	
Postal Address:	
	City
Contact Nos.	
Candidate Name:	
Postal Address:	
	City
Contact Nos.	
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Candidate Name:	
Postal Address:	
	City
Contact Nos.	
I I I	
	GC University Lahore To be filled by the Candidate
	Application No
Name of the Candidate	
I	
·	Dated: (Name & Signature)