

EMPLOYMENT APPLICATION FORM

(Academic)

Note:

- I. The application form should be duly filled and signed by the applicant.
- II. Incomplete application will not be entertained.
- III. The information provided will be kept confidential.

Post applied for			Department	
NAME (in block letters)			
Father's name				
Address: for correspon	ndence			
Contact no.			Email ID	
Date of birth (DD.MM	VVVV)	CNIC no		
Date of birtil (DD.Ivilvi				
You are seeking		Full time		Visiting
Current salary				
Expected salary				

	For office use only	
	Board decision	
		Date:
Approved salary		
Designation		
Department		
Rector	Pro-Rector (Academics)	
	_	
Pro-Rector (Admin)	Dean	
	-	
HoD/Principal	Registrar	
	Denuty Chairman B-C	
HR Head	Deputy Chairman BoG	
Chairman BoG		
	·	

Affix your passport size photograph (With white background) Give particulars of all examinations passed and degrees/technical qualifications obtained, commence with reverse chronological order.

Sr.	University, college or board	Years attended		Degree/Certificate	Maximum	Obtained	Division/
		From	То		marks	marks	Grade

Professional trainings/certifications/others, (If any)

Sr.	Institute name	Type of training	Dura	ation	Degree/Certification/ Diploma obtained	
51.	institute name	Type of training	From	То	Diploma obtained	

Employment record/professional experience (In reverse chronological order please).

Sr.	Organization name	Position held	Contact no.	Duration		Salary	Reason of leaving
0.11		r osition neta	contact no.	From	То	Salary	

Research and publications, list the papers published in following format.

Sr.	Title	Year	Journal name	Volume no.	Page no.

International/national conferences, list the papers presented in following format.

Sr.	Conference	Date	Venue

Please mention referral or blood relation/close relative already working in University.

Sr.	Reference name	Designation	Department

Declaration

It is hereby certified that all information given in this application form is accurate and to the best of my knowledge, nothing relevant has been concealed. I understand that if I am hired, this application will become a part of my official employment record. I understand that any statements on this form which prove to be untrue or purposely misleading will render the application void. Furthermore if discrepancies are highlighted at a later stage University retains the right to withdraw any offer made or dismissal at any time without any notice. I authorize the University to contact educational institutions, previous employers and others to verify the accuracy of the information contained in this application. I hereby release the University from any liability as a result of such contact.

I have read, understood and by my signature, agreed with these statements.

Applicant signature

Date _____