

Sr. No. \_\_\_\_\_

**UNIVERSITY OF THE PUNJAB**

Lahore, Pakistan (www.pu.edu.pk)

**APPLICATION FOR FACULTY POSITION UNDER TENURE TRACK STATUTES***(To be filled by the Applicant, for Assistant Professor, Associate Professor, Professor)*

<b>Position applied for</b> <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor <b>Subject/Area of Specialization</b> _____ <b>Qualification:</b> _____ <b>Department:</b> _____	Photograph (Passport size)
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<b>1. Name (in block letters):</b> _____	
<b>2. Address:</b>	
i) For Correspondence : _____	
ii) Permanent Address: _____	
iii) E-mail: _____    iv) Telephone (Res): _____ (Off): _____ (Mobile) _____	
<b>3. Date of birth:</b> ____/____/____/ (D/M/Y) <b>i) Age:</b> ____/____/____/ <b>ii) Place of birth</b> _____	
<b>4. Nationality:</b> _____	<b>5. National ID/Passport Number:</b> _____
<b>6. Post PhD Experience (Years)</b> _____	<b>7. Pre PhD Experience (Years)</b> _____
<b>8. Total Experience (Years)</b> _____	
<b>9. Current Rank:</b> _____	
<b>10. My PhD thesis was evaluated by (Name, Institution and Place)*:</b>	
i) <b>Name:</b> _____	<b>Institution:</b> _____ <b>Country:</b> _____
ii) <b>Name:</b> _____	<b>Institution:</b> _____ <b>Country:</b> _____
iii) <b>Name:</b> _____	<b>Institution:</b> _____ <b>Country:</b> _____
<b>11. Declaration:</b>	
All the entries/information provided by me for appointment under TTS is verified and correct. If any document is found fake or having incorrect information, the appointment made will be treated as cancelled.	
Date: ____/____/20	Name of Applicant: _____    Signature: _____

\* This information must be provided only by those who are applying for the post of Assistant Professor

**FOR OFFICE USE ONLY (To be filled by the respective University Officials)**

Position recommended by the authority: <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor Subject/Area of Specialization: _____    Qualification: _____ <b>Declaration:</b> This is to certify that all the entries and information provided by the applicant are duly checked by the undersigned against their original documentary evidences and found correct/true. <b>Checked By:</b> _____ <b>Designation:</b> _____ <b>Signature with Official Stamp:</b> _____
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