



UNIVERSITY OF OKARA

2- KM Multan Road, Renalakhurd Bypass, Okara

Affix one
recent
Passport size
photograph

JOB APPLICATION FORM

Job Applied For:		Sr. #	
Special Quota (if any) Please tick relevant Box:	Disabled	Women	Minorities
Reference of Bank Draft # / Challan Form			

1. Personal Information

Name: Mr./Mrs./Miss (in block letters)							
Father/Husband's Name: (in block letters)							
Postal Address:							
Personal Mobile/Telephone Number:							
Emergency Contact Number: (at least two mobile/phone numbers, other than personal number in case of emergency communication of information)							
Email Address:							
Date of Birth:	Day	Month	Year	Age On closing date of Ad	Years	Months	Days
C.N.I.C. No:				-			-
Marital Status:	Married			Unmarried			
Gender:	Male			Female:			

Receipt

Received by: Name _____ Signature _____

Diary No.: _____ Date: _____

2. EDUCATIONAL QUALIFICATION (in chronological order)

Certificate/ Degree	Major Subjects	Institution	Passing year	Marks / CGPA		Percentage / CGPA
				Obtained	Maximum	
Matric						
FSc/FA						
BSc/BA						
MSc/MA/ BS (Hons.)						
MPhil/MS						
PhD						
Other specialized training						

3. WORK EXPERIENCE (starting from the most recent)

Organization	Position held/major duties	Duration							
		From			To				
		D	M	Y	D	M	Y		
Total Experience									

4. PUBLICATIONS (Research publications in HEC / PEC recognized journals)

5. DISTINCTIONS/AWARDS

6. REFERENCES

1.	
2.	
3.	

UNIVERSITY OF OKARA

CERTIFICATE OF DEPARTMENTAL PERMISSION

TO BE SUBMITTED BY THE CANDIDATE WHO IS IN GOVT. / SEMI GOVT / AUTONOMOUS BODY SERVICE WITH THE APPLICATION FORM DULY COMPLETED, FAILING WHICH THE APPLICATION SHALL BE REJECTED.

1. The following particulars should be filled in by the candidate: -

a. Name:

b. Father's Name:

c. Post held presently:

d. Office / Department:

e. Post applied for:

f. Advertisement dated:

Dated: _____

Signature of the Candidate _____

2. (This portion should be filled in by the Department / Office.)

The above candidate has been permitted by this Office / Department to apply for the said post and that: -

a. He / She has been employed in this Department / Office as

_____ since _____

b. He / She holds this post in permanent / temporary / adhoc capacity.

c. If a Departmental candidate / employee is selected, he / she will be relieved by the parent Department to join the post for which he / she has applied.

Signature

Name and Designation of the
Appointing Authority or authorized
Officer on his behalf.

Dated: _____

7. CHECK LIST

✓ Identify documents attached with this application


- | | | |
|-----|--|--|
| 1. | Academics Certificates / Degrees | |
| a. | Matriculation | |
| b. | Intermediate | |
| c. | Bachelor | |
| d. | Master/BS Hons. | |
| e. | M. Phil/MS | |
| f. | Ph.D. | |
| 2. | CNIC | |
| 3. | Two passport size photographs | |
| 4. | Domicile Certificate | |
| 5. | Experience / Service Certificate/s | |
| 6. | Certificate/s of Distinction/s | |
| 7. | Certificate/s of Co-curricular Activities: | |
| 8. | In case of Govt. service, Departmental Permission Certificate from Appointing Authority. | |
| 9. | In case of Ex-Serviceman, Discharge Certificate | |
| 10. | Any other document | |

8. DECLARATION

I hereby solemnly declare that all the information provided herein is correct to the best of my knowledge and belief.

Date: _____ Candidate's Signature: _____

For office use

Mark  against the relevant column:

1. The application is complete. _____

2. The application is incomplete as following documents are not attached: _____

(i) _____

(ii) _____

(iii) _____

(iv) _____

3. The application is accepted/provisionally accepted subject to supply of the following documents: _____

(i) _____

(ii) _____

(iii) _____

4. The application is rejected: _____

Reasons: _____

Checked by:
Name of the officer _____
Signature

Verified by
Name of the officer _____
Signature

Registrar's Signature:
University of Okara.