



**NATIONAL UNIVERSITY OF MODERN LANGUAGES**

**SECTOR H-9, ISLAMABAD**

**www.numl.edu.pk**

*Application Form for Appointment on BPS / Contract*

**TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS**

Post Applied for : \_\_\_\_\_

On BPS/Contract: \_\_\_\_\_

Department/Discipline: \_\_\_\_\_

*Affix three (02) recent  
passport size  
photographs*

**A: PERSONAL**

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Religion: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Domicile: \_\_\_\_\_ Marital Status: \_\_\_\_\_ CNIC #: \_\_\_\_\_

Correspondence / Postal Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone (Res). \_\_\_\_\_ Cell: \_\_\_\_\_

**B: ACADEMIC QUALIFICATION**

Degree	University	Subjects	Division/ CGPA/ Grade	Year
PhD				
M Phil/MS				
Master				
Bachelor				
HSSC				
SSC				
Others				

**C: PhD Details**

Main Field: \_\_\_\_\_

Sub-field: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

Date of Completion (DD/MM/YY): \_\_\_\_\_

**D: SERVICE RECORD (Start with your most recent position)**

1: Post-PhD Teaching/Research Experience: \_\_\_\_\_ Years \_\_\_\_\_ Months.

Institution	Position Held	Period	
		From	To

2: Pre-PhD Teaching/Research Experience: \_\_\_\_\_ Years \_\_\_\_\_ Months.

Institution	Position Held	Period	
		From	To

**E: Papers accepted in HEC recognized journals**

S. No.	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Category W/X/Y/Z
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Attach acceptance letter from editor of the journal. Attach separate sheets of the same format, if required.

**F: Conferences Organized (In last two years)**

Conference Title	Organizer	Location	Date	Sponsoring Agency

**G: Conferences Participated (In last two years)**

Conference Title	Organizer	Location	Date	Sponsoring Agency

**H: DETAIL/ LIST OF PUBLICATIONS**

S #	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Vol. No. & Page No.	HEC Category W/X/Y/Z	Year Published	Impact Factor + Citation (excluding self-citation)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

**Attach separate sheets of the same format, if required.**

**ANY RELATIVE(S) WORKING IN NUML**

Name	Designation/Post	Relationship

**Two academic references (optional):**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration:** By signing below, I acknowledge that the above information is true to the best of my knowledge. Any misinformation would render me ineligible for the induction.

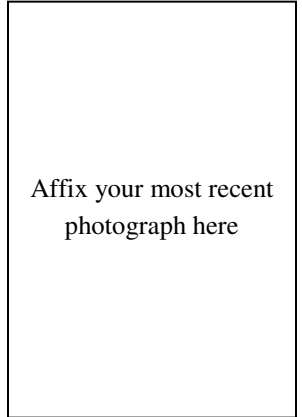
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

**Note: Please note that the Proformae should be complete in all respects, incomplete Proformae will not be entertained. Also attached attested photocopies of all educational/professional documents alongwith the application form.**

**NO OBJECTION CERTIFICATE (NOC)**  
**FOR**  
**PERSON IN GOVERNMENT SERVICE**

- (1) (a) Full Name of the advertised post: \_\_\_\_\_
- (b) Name of Department/Division/Ministry: \_\_\_\_\_
- (2) (i) Name of candidate: Father's Name: \_\_\_\_\_
- (ii) CNIC Number: \_\_\_\_\_
- (iii) Designation (BPS): \_\_\_\_\_
- (iv) Present department with complete address: \_\_\_\_\_  
\_\_\_\_\_
- (3) It is to certify that Mr./Miss/Ms/Dr. \_\_\_\_\_ is employed in this department/institution/ organization/university since \_\_\_\_\_. He/she holds a temporary/permanent/ adhoc/contract post under the Federal/Provincial/Semi Government. His/ her total continuous government service is \_\_\_\_\_ Years \_\_\_\_\_ months.
- (4) There is nothing adverse in his / her Performance Evaluation Reports (PERs) / Annual Confidential Reports/Records, antecedents/character, which may render him/her ineligible/unsuitable for the post applied for.
- (5) There is no disciplinary case pending against him/her in the Department/Organization, where he /she is serving.



**(To be signed by Head of the Department/Division/Ministry (Official stamp must be affixed))**

\_\_\_\_\_  
Signature & Stamp  
of the Official

Name of the Official: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_