



**THE BENAZIR BHUTTO SHAHEED
UNIVERSITY OF TECHNOLOGY AND SKILL DEVELOPMENT
KHAIRPUR MIRS**

Phone.0243 9280168 Fax # 0243-9280171 Website: www.bbsutsd.edu.pk E-mail: bbsutsd.edu.pk@gmail.com

JOB APPLICATION FORM FOR TEACHING STAFF

Application Information (Mandatory)

**Two
Pictures
to be
attached**

1. Post Applied for: _____

2. Advertisement Date: _____ **Last Date to Apply:** _____

3. Demand Draft/Pay Order No: _____ **Bank Name:** _____ **Deposit Date:** _____

4. Applicant Name: _____ **CNIC** _____

For office Use only (Confidential):

Registration No/Seat No: (To be filled by HR)	
Remarks:	



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Current Post: _____ **Held Since** _____

Area of Specialization: _____

A: Personal Information: (Please fill in Capital letter)

Name: _____ **S/d/w/o:** _____
(According to Matriculation certificate)

Date of Birth: _____ **CNIC No.** _____

Gender: _____ **Age:** _____ **Email:** _____

Phone (Mobile): _____ **Emergency :(Office/Home):** _____

Postal address: _____

B: Academic Qualifications: (Please provide complete information)

Name of Degree	University/Institute/Board	Subject/Area of Specialization	GPA/Div/ %age	Year
SSC/O-Level				
HSSC/A-Level				
Bachelor (14 years)				
Bachelor/Master (16 Years)				
MS/M.Phil (18 Years)				
Ph.D				

(Please attach additional sheet if required)

C: Experience: (Please start with current position and attach all experience certificates)

Total full time job experience _____ Year _____ months.

S. No.	Institution/Organization	Position Held	Period (Month and Year)		Total (Months)
			From	To	
1					
2					
3					
4					
5					
6					

(Please attach additional sheet if required)

D: Professional Course/Certificate/Training

S.No	Title	Duration	Issuing Authority/Institute/Organization

(Please attach additional sheet if required)

C: Ph.D Details (if any):

Name of University _____

Thesis Title:_____

Main filed: _____Sub-filed: _____

Date of Completion: _____

D. (B). Summary of Job responsibilities / subjects taught during the whole Academic experience/Professional experience:

E. Research Supervision:

1. (a): PhDs Produced*: (Extra pages may be added if required) Total Number: ____

1. (b). PhD students currently under supervision: Total Number: ____

*a student recommended for the award of degree by the relevant body

S. No.	Student's Name	Thesis Title	Year

2 (a): M.Phil. Produced (Extra pages may be added if required) Total Number: ____

2. (b). M.Phil. Students currently under supervision: Total Number: ____

S. No.	Student's Name	Thesis Title	Year

3. Research projects:

S.No	Project Title	Principal Co-Principal Investigator	Amount	Sponsoring Agency	Duration (Months

F. Honors/Awards

S.No	Honors/Awards	Authority	Subject	Year

G: (a). Publications in HEC Recognized Journals _____.

(Including: Title, Author (s) Journal, (Country where published), Vol. No., Page No., Year)

(Extra pages may be added if required)

G: (b). Research Work:

S.No:	Publications/ Articles	Published	Under review/ in process	Total:
1	Research Publications:			
	As first author in Publications			
	As second author in Publications			
	As third author in Publications			
	As fourth or fifth author in Publications			
2	Articles/ Blogs:			
3	Conferences/ Workshops			
	National Conferences Attended			
	International Conferences Attended			

H: Where from you come to know about this post?

☐ NEWS Paper (please specify): _____ ☐ Other website (please specify): _____
☐ BBSUTSD website ☐ from a friend ☒ Social Media ☐ others (please specify): _____

I. Checklist:

S.No	Documents	Yes	No
1	All Attested Academic Documents copies are attached		
2	All Attested Experience Certificates copies are attached		
3	Attested CNIC Copy is attached		
4	Two attested recent photos are attached		
5	Original Demand Draft/Pay order/Challan is attached		
6	Updated CV is attached		
7	Valid Professional Registration e.g. PEC,		

J: Undertaking:

(For all credentials, documents, certificates, experience, and information given in application form)

I solemnly undertake that I have read, understood and affirm to follow the given instructions as per advertisement and application form. All the mandatory and essential information have been provided and is accurate to the best of my knowledge. If found false, incorrect, factitious, exaggerated, misleading, manipulated and bogus, my application/employment may be cancelled/terminated as per rule of organization. As a result, I shall be liable to disciplinary action as per rule of law.

Signature of the Applicant (as per CNIC): _____

Date: _____

Please mention position title on envelop and send this application along with relevant documents at below address before deadline:

To,
The Deputy Registrar Office,
BBSUTSD, Khairpur Mirs

HRM Section, BBSUTSD, Khairpur Mirs
Civil Hospital Road, Chandia Mor, Khairpur Mirs, Sindh Pakistan Phone#0243-9280171, 9280168