# 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: | |

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## 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)** | |
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| **5.** **DISTINCTIONS/AWARDS** | |
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| | |
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| | |
| **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 should be filled in by the candidate: -**

   a. **Name:**                    Dr. Muhammad Khurshid Asghar

   b. **Father's Name:**           Asghar Ali

   c. **Post held presently:**     Assistant Professor Computer Science BS-19

   d. **Office / Department:**     Department of Computer Science

   e. **Post applied for:**        Associate Professor Computer Science BS-19

   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 has been employed in this Department / Office as <u>Assistant Professor Computer Science BS -19</u> since <u>01-03-2005.</u>

   b. He holds this post in **permanent** 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
**(Mr. Jamil Asim)**
Additional Registrar (Gen)
University of Okara

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:                               Verified by
Name of the officer _____      Name of the officer _____
Signature                             Signature

Registrar's Signature:
University of Okara.