## CASBELA UNIVERSITY OF AGRICULTURE, WATER AND MARINE SCIENCES



## EMPLOYMENT APPLICATION FORM FOR ADMINISTRATIVE POSITIONS (LUAWMS)

Post Code 90150 District Lasbela Ph:0853-610846, 610248 Fax:0853-610294 www.luawms.edu.pk, info@luawms.edu.pk

?	No.				

## **JOB APPLICATION FORM**

Post A	pplied for: BPS	
	nal Identity Card No	Paste your Photo here
1.	Name (Block Letters):	
2.	Father's Name:	
3.	Date and Place of Birth:4. Religion:	
5.	Marital Status: Married Unmarried 6. Domicile (District):	<b>:</b>
7.	Permanent Address:	
8.	Contact No Email Address:	
9.	Mailing Address:	

## 10. ACADEMIC RECORD:

Name of Examination	University/	Year of	Division	Grade	Mark	Major
(Please Tick)	Board	Passing	/CGPA		Percentage	Subject
1. MS/ M.Phil/LLM						
2. M.A/M.Sc./ M.Com/						
ACCA						
3. B.S/ BE						
(Four Years)						
4. B.A/ B.Sc./ B.Com/						
LLB (Two/Three						
Years)						
5. HSSC						
6. SSC						
7. Other (Specify)						

11. JOB EXPERIENCE: (Start with most recent job)

Post Held BPS		Govt/Semi Govt.	Per	riod	Total	
		Organization	From	To	Years	Months

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Total E	xperience of (	jovt/Semi (	Govt. on the	closing d	ate of appl	1cat	ion:		
Day (s)	Day (s): Year (s)								
, , ,			Private		Period Tota				otal
Post He	eld	Organiza	tion/Instituti	n/Institution From			0	Years	Months
T-4-1 D		<u></u>	411-		- C 1: 4				
1 otal E	xperience on I	rivate secto	or on the clo	sing date	or applicat	10n:	•		
Day (s)	:	Mo	nth (s)			Yea	ar (s)		
	MPUTER SK								
G 37	G1 411			۱ .	1.		CI 1484 .		
S. No.	Skills		Excellent	Good	Average	Average		Certificate/Diploma	
1									
2									
13. LAN	NGUAGE PR	OFICIEN	CY:						
S. No.	Language	0110121	Excellent	Good	Average Certificate/Dip			e/Diplo	oma
1									
2									
3									
4.									
14. REI	FERENCES:	(three refe	rences)			1		_	
S. No.	Name		Institu	tion/Org	anization	De	esignation	Con	tact No.
1									
2									
3									

	you are Government erpply for this job?		obtained NOC from	your employer to					
Have you ever been <b>Dismissed Terminated Removed</b> from service in any Government/semi Government/Autonomous Body/Agency? If yes provide details:									
S. No.	Name of Post	Designation	Institution/Org	Reason					
1.		V	J						
2.									
➤ If you are selected how much period you would require for joining this position  Undertaking/Declaration:  By signing below, I acknowledge and solemnly affirm that the above facts and information's given are true to the best of my knowledge. Any false/ misinformation given by me shall automatically disqualify my candidature or even after selection at any stage would render me ineligible for the position.									
SIGNATURE BY THE APPLICANT									
			DATE						

**Note:** Please attach attested copies of all required testimonial/certificates and bank challan/draft/slip proof.