

## GHAZI UNIVERSITY, D. G. KHAN

Phone 064-9260135

## EMPLOYMENT FORM Administrative/Non Teaching/other

Recent Passport size photograph should be affixed here

Post Applied for:					BPS:										
	Contract:														
1.	<u>Instruct</u>	ions:													
	All colu applicable	mns should not le.	be left b	lank	c and a	ll q	uesti	ons	shou	ıld be a	nswer	ed, w	here		
	ii. All information provided in this form must be supported with attested copies of certificate(s) for confirmation of authenticity of information.														
iii. Column(s) where dates are required should be filled-in with proper dates instead of month/year only.															
iv. Incomplete certificates/degrees need not to be mentioned.															
Give the number and date of the bank pay order / bank draft/postal order with office of issue.															
	ımber				Date	Off			Office of Issue						
3.	Persona	Information:													
1. N	Jame of A	Applicant:													
2. Father's Name:															
3. Date of Birth: Day					Month	ı	Ye		Year	ear		Age			
4. D	Oomicile:	Province				District					Tehsil		<u>.l</u>		
5. C	C.N.I.C N	О.				•	-							-	
6. Religion						7. Martial Status:									
8. P	ostal Ad	dress:													
9. P	ermanen	t Address:													
10.	0. Telephone No. (Off)				(Res.) (Mob)										
4	A I	:- O1:6:4:													

## 4. Academic Qualifications.

Name of	Name of Institution/ Board/	Year of	M	arks / CGPA	Major		
Certificate/D	University	Passing	Total	Marks	%	Major Subject(s)	
egree	Chiversity	1 dosing	Marks	Obtained	age		
Matriculation/							
O' Level							
Intermediate/							
A' Level							
Bachelors							
(Two Years)							
Bachelors							
(Four Years)							
Masters							
MPhil/MS							
PhD							
Any Other							

Skill Excell		ent	Good		Poor	Ce	Certificate/Diploma		
MS Wo									
MS Exc									
	wer Point								
	t Surfing								
	Software	-	0.00	/5: 1					
`	se specify of Experience	J		•	,	iob).			
Post			ost held				<u> </u>	D 6	
Name of Department/ Organization /Firm		ent/   (w	ith grade)	From		Го	Total Duration	Reason for Leaving	
	ative(s) alrea es supply th				<u>sity</u>		Yes	No	
Sr. #		Name		Designation			partment	Relationship with applican	
	erences:		T						
Sr. # Name			Depar	<b>Department</b> Contact			Ac	ldress.	
If ; <b>10.</b> Ha	e you sufferi yes, then wh ve you obtai <b>Yes</b>	nat and whe ned the exp	n it happen	ed			ity? <b>Yes</b> yer to apply f	No  For this job?	
G po	•	Autonomou s	s Agency No	for reason			•	Government/Sem y, retrenchment of	
	Name of I	Post		Depa	rtment		Year of	Reasons	
						1 61	rmination		
			l						

SIGNATURE OF THE APPLICANT DATE