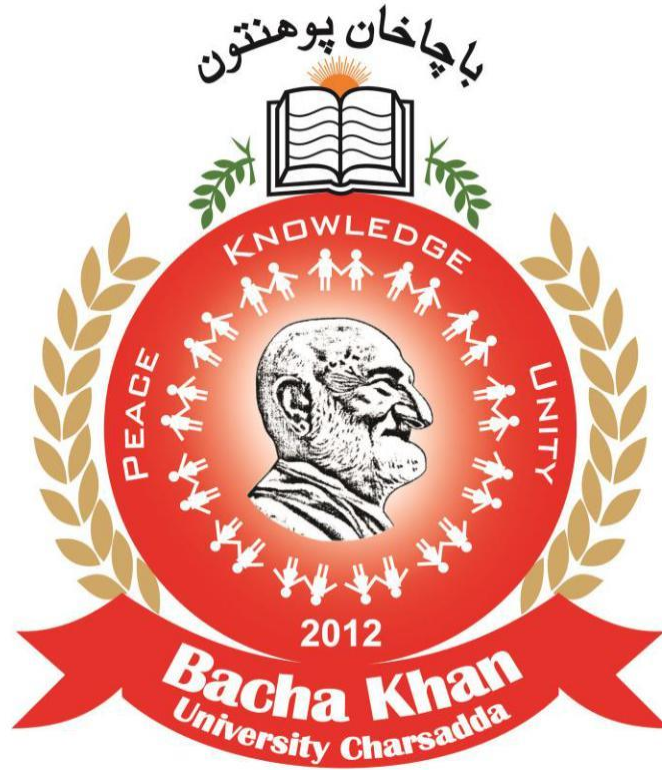


# APPLICATION FORM

*BPS-17 & above  
(Both for faculty (including TTS) &  
Administration)*

## BACHA KHA UNIVERSITY CHARSADDA



Post applied for \_\_\_\_\_

Subject/Department \_\_\_\_\_

*Note: Please mark/fill information as applicable*

**(I) Personal Information**

Affix a recent  
Photograph  
(Passport size)

Name	
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Father's Name	
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Gender	<input type="checkbox"/> MALE <input type="checkbox"/>	<input type="checkbox"/> FEMALE <input type="checkbox"/>
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Date of Birth	____-____-____	Age	____ Years, ____ Month(s)
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CNIC No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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Marital Status		Blood Group	
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Nationality		Domicile	
-------------	--	----------	--

Highest Qualification		Passing Year	
-----------------------	--	--------------	--

Present/ Postal Address	

Permanent Address	

Mobile No.	
------------	--

Phone No. (Residence)	
-----------------------	--

Other Contact No.	
-------------------	--

E-Mail	
--------	--

**(II) Academic Background /Professional Training**

**(a) Academic Background** (Please start from highest qualification and go in descending order)

Qualifications	Duration (Month/Year)		Division	Marks Obt/ Total Marks/ CGPA	Subject/ Major Field of Specialization	Full/ Part Time  Regular/ Private	Board / University/ Institute/Country
	From	To					
Postdoctoral							
Ph.D							
M.Phil/MS							
Masters/ Equivalent							
Bachelors/ Equivalent							
Intermediate/ Equivalent							
Matric/ Equivalent							

**(b) Professional Training** (Please start from most recent training and go in descending order)

Course	Diploma/Certificate	Field of study	Institution	Grade / Division

**(c) Extra/Co-curricular Activities/Hobbies/Interests (if any)**

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(III) **Employment History** (Please start from your recent job and go in descending order)

(a) **Teaching** (use extra sheet if required)

After	Post/(BPS)	Duration (Month/Year)		University/Institute/ Organization/Country
		From	To	
Ph.D				
M.Phil/MS				
Master & Bachelor				
Other				

(b) **Industrial** (*if any*) - (use extra sheet if required)

Name of Organization	Designation	Scale	Job Profile	Duration		
				To	From	YY-MM-DD

**(IV) Research Publications (Faculty positions only)**

(Must include name of journal; year/volume of publication; page numbers; author(s); title)

**(a) National/ International Journal Papers**

<b>Sr. #</b>	<b>Title of Publication</b>	<b>Complete Name of Journal and Address</b>	<b>Vol. No.</b>	<b>Page No.</b>	<b>Year</b>	<b>HEC approved (Yes/ No)</b>	<b>Impact Factor</b>
1.							
2.							
3.							
4.							

**(b) National/ International Conference Papers**

<b>Sr. #</b>	<b>Title of Publication</b>	<b>Conference</b>	<b>Date</b>	<b>Venue</b>
1.				
2.				
3.				
4.				

**(c) Text Book Written (if any)**

<b>Sr. #</b>	<b>Title</b>	<b>Subject/ Description</b>	<b>Publisher (if any)</b>
1.			
2.			
3.			

**(d) Lab Manual (if any)**

<b>Sr. #</b>	<b>Title/ Topic</b>	<b>Subject/ Description</b>	<b>Publisher (if any)</b>
1.			
2.			
3.			

(V) **Reference:-** Provide Two Academic/Professional References

Reference No: 1. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone No \_\_\_\_\_  
Email \_\_\_\_\_

Reference No: 2. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone No \_\_\_\_\_  
Email \_\_\_\_\_

\* NOC is must for those applying through proper channel

\*Attach Experience Certificate of Employment

**INSTRUCTIONS**

- (a) Please fill each row and column in this proforma very carefully and no column should be left blank.
- (b) "Not Applicable" or "NA" should be mentioned where necessary (in case the information is not available/relevant).
- (c) Wherever necessary, use additional sheets for additional information.
- (d) All entries in this form should be typed or written clearly.
- (e) Attested photocopies of all documents must be attached
- (f) Incomplete proforma will not be entertained.

**DECLARATION**

I hereby declare that all the entries in this proforma and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand and accept that any misrepresentation or concealment of the facts will entail rejection of my application or dismissal from service, at any time, when applicable.

Date \_\_\_\_\_

Signature of the Applicant

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**FOR OFFICE USE**

Application Received by: \_\_\_\_\_ Date \_\_\_\_\_

Checked by: \_\_\_\_\_ Date \_\_\_\_\_

Short Listed ☐ Not Short Listed ☐ if not, reason(s) \_\_\_\_\_

Signature & Name of Dealing Officer \_\_\_\_\_

Date \_\_\_\_\_