This form must be duly completed and accompanied by:

i).

Address: Near DHA, Bahawalpur Tel: 062-9255716 Tel: 062-9255716
Email: registrar@cuvas.edu.pk
Website: www.cuvas.edu.pk

APPLICATION AND BIODATA FORM FOR ACADEMIC POSITIONS

	mentioned i (b) Postal Orde (c) Attested cop (d) Annexure-w Internationa students su	d Bank Challan non advertisement are will not be accorded by the relevance of the relevance detail of all, technical repervised, research asport size photo	(Rs epted. nt certificates scientific re eports, confe ch projects wo	/-Non-refundal and testimonia esearch publerence preser	ble). als. ications	(Natior	nal &		PHO' (Pas	TOG ssport		
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		nplete in all res in triplicate for t						of P	rofess	sors/	Asso	ociate
		nation (if any) w	•					tache	d as A	Anne	xure.	
,	lease answer pplicant.	each questio	n clearly a	and complete	ely. The	e applio	ation i	must	be s	signe	d by	/ the
viii). C		facts or misqu	uoting of inf	formation in t	the form	n will di	squalify	the	applio	cant	even	afte
ix) T	he application	must be page n	narked.									
1. Pos	t applied for: _			on	BPS/T	TS (Me	ntion Clea	ırly) _				
2. Dis	cipline (as ment	ioned in the Advert	tisement)					at _			_car	npus
3. Adv	vertisement D	ate:	N	ewspaper w	here in	publish	ned:					
4. (a) I	Full Name (In I	Block Letters as ı	mentioned in	CNIC):								
(b) I	Full Name (In E	Block Letters as me	entioned in Mat	tric Certificate):								
5. Fath	ner/Wife of Na	ıme (In Block Le	tters as ment	tioned in CNIC):							
6. Mar	ital Status					Ma	ale/Fen	nale_				
7. Con	nputerized Na	tional Identity	Card No.			-					-	
B.Prof		ncil Registratio	n: (a) Nam	e of Council:	:							
			(c) Sta	tus: Active/E	xpired:							
(d) I	f Active (Life t	time OR Interir	m): from		to		(Anne	xed at	page	#)
9. (i) P Please p	rovide address wher	s for Interview e TCS Service is ava	ilable)									
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10. Re	eligion:	Date of Birth):	the Matriculation C	'ertificato'	Age):	ı dətə f	or recoir	ot of an	nlicati	
11.Nat	tionality of (a)	Self	, io iocoraca ili i	(b) Wife or						οι οι αρ	Piicalil	נטות

12.EDUCATIONAL QUALIFICATIONS: (In Chronological Order)

(a) Secondary School and Intermediate or Equivalent Examinations.

Institutions Attended	Name of Certificate / degree	Passing Year	Marks obtained / Total Marks	Division	% Age of Marks obtained must be written	Major Subjects

(b) University Education:

(b) Offitolotty Eut							
Name and Place of Institution	Name of Degree	Passing Year	Marks obtained / Total Marks	CGPA	Division	% Age of Marks obtained must be written	Major Subjects

Note: Mention only those degrees which have been completed on or before due date.

(c) Other Formal Training Education:

Name and place of	Leaving Certificate OR	Years At	tended	Mojor Subjects
Institution	Diploma obtained	From	То	Major Subjects

(d) Academic Distinction:

Name and place of School, College and	Certificate /	Years a	attended	Distinction Certificate /	Major Subjects
University /Institution	Degrees obtained	From	То	Medal	Major Subjects

(e) Distinction in Games and Sports:

13. RESEARCH: Give particulars of all post-graduate and independent research done name of the institution and the professor under whom research was completed.	e, giving the

14. Give a list of all research papers published in scientific journals and attach originals or reprints. Only Research Papers accepted having DOI number or appearing on internet will be considered.

Topic of the Papers	Name of the Journal	Date of Publication

15. PUBLICATIONS: Give a list of all significant publications and attach originals or reprints, together with any reviews.

16. Summary of Teaching/Research, Service Experience and Publications: (Experience / Service Certificates with exact dates and signed by the Issuing Authority must be attached)

Sr. No.	Factors	No. Only
1.	Experience:	
	Total Years, Months & Days	
2.	Field of Specialization:	
3.	Publications: (HEC Approved)	
	i. International Research Papers	
	a) with impact factor	
	b) without impact factor	
	ii. National Research Papers	
	a) with impact factor	
	b) without impact factor	
	iii. Research Reports	
	iv. Conference presentations	
	v. Other publications	
4.	Students Supervised:	
	i. Ph.D students supervised	
	ii. M.Phil students supervised	
	iii. Membership of Supervisory Committees	
	a) Ph.D	
	b) M.Phil	
5.	Research Projects Won	
	i. From International Agencies	
	ii. From Local/Indigenous Agencies	
	iii. From own Organization	
6.	Professional Services rendered:	
7.	Total Impact Factor	
8.	Membership of Learned Societies	
9.	Formal Trainings	

17. MODERN LANGUAGES: List all the languages in which you are proficient.

Language	Extent of proficiency	Diploma obtained	Year of passing	Institution attended	

Give particulars of **Full-time** employment/experience/service:

(iii) What is the total length of your administrative experience as

	Name of the	Federal or Provincial	Permanent / Temporary /		Monthly	Durat Give Exac				
Name of Post held	Institution where Employed	Govt. / Autonomous or Private	Contract / Adhoc	BPS	Salary	From	То	Cause of leaving	Brief Description	
(i) What is the	total length of your	teaching expe	erience as					(A) Le	ecturer:	
								(B) As	ssistant Professor:	
(ii) What is the	e total length of your	research exp	erience as					(C) As	ssociate Professor:	

NOTE: Experience Certificate mentioning exact dates duly signed / issued by the Competent Officer/Authority of the concerned Department should be attached otherwise the claimed experience will not be accepted. Specimen of NOC/departmental permission and experience certificate is attached at the end for guideline.

Professor:_____

Other Than Above _____

20. (Countries visited:								
	Country	From	Duration To	Purpose of Visit					
2	Do you possess all th advertisement if yes, opposite column r separately in term of th	Mention below the qualification you possess (1) (2) (3) (4) (5)							
br po po gi	you do not possess all oriefly but clearly which quossess, giving your reasonost in spite of this deficiency clear reasons in support ague replies will hinder the C	Mention below the qualification you do not possess (1) (2) (3)							
	Are you suffering or have y			bility? If so what and when					
23. l	f you are under liability to	repay money	y to any institution or	person, state the Particulars:					
	Have you obtained and at present employer to apply			partmental NOC) from your					
	Give the name, designation Confidential Record:	on of your em	ployer/employers who	om we should write for your					
				lying of Assistant Professor					
27. If	f appointed what notice yo	ou required be	efore joining the post:						
28.									

29. Give a list of all documents attached with the application:

Sr. No.	Name of Document	Annexed at Page No.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

30. Give the detail of Paid Bank Challan:

Amounting Rs.	Number	Date	HBL, Branch

DECLARATION

I hereby solemnly declare that all the facts/information provided by me in this application form are true to the best of my knowledge and belief. I fully understand that aforementioned facts will serve the basis for determination of my eligibility and my appointment will be liable to termination, if facts / entries were found incorrect at any stage.

Date	
<u></u>	Signature of Applicant

SPECIMEN / PATTERN FOR GUIDELINE

NO OBJECTION CERTIFICATE

This is to certify that Mr. / Ms. / Dr				S/o, W/o:				
workir	ng a	as on	regular /	temporary / o	contract basis	in this		
		(Department) w.e.f		. This Departmen	t has no objectio	on on his		
applyi	ng fo	or the post of	in	the Cholistan Ur	niversity of Vete	rinary &		
Anima	ıl Sci	ences, Bahawalpur.						
This i	s to	further certify that there is	no pendir	ng inquiry/outstan	ding dues agai	nst him.		
Morec	ver,	there are no adverse remarks	in any of h	is/her Annual Con	nfidential Reports	s (ACRs)		
			(Signature	and Designation	of the issuing Au	uthority)		
≪								
		EVDEDII	ENCE CER	TIEICATE				
		LAFLRII	LINCL CLP	TIFICATE				
This is	This is to certify that Mr. / Ms. / Dr			S/o, W/o:		has		
serve	d in th	ne following capacity:						
_								
	Sr#	Designation	BPS	<u>From</u> DD/MM/YYYY	<u>To</u> DD/MM/YYYY			
						1		

(Signature and Designation of the issuing Authority)