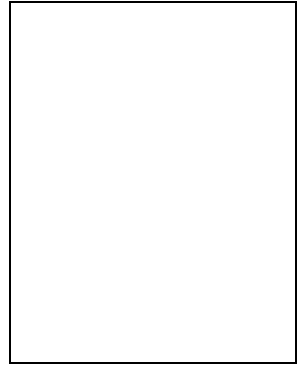




**The Rawalpindi Women University, Rawalpindi**  
**Application Form For**  
**Non-Teaching/ Administrative Posts**  
**(BPS-17 and Above)**



**Important :**

- Please read instruction carefully on page # 5 before filling Application form.
- Application forms must be filled carefully and legibly in MS Word form.
- Please make sure before submitting this form that it is complete and the required documents are enclosed. Failure to do so will render the application liable to summarily rejection.
- No. application will be accepted unless accompanied with demand draft/pay order as per advertisement and a passport size photograph affixed on the right hand corner of this page.

**Post applied for:** \_\_\_\_\_ **BPS:** \_\_\_\_\_

**Bank Name.** \_\_\_\_\_ **Bank Draft No:** \_\_\_\_\_ **Amount Rs:** \_\_\_\_\_

**Amount in Words:** \_\_\_\_\_

**I. Personal Information:**

1. Full Name in BLOCK LETTERS:	2. Father's Name:	3. CNIC #:
4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5. Domicile (Indicating region/ Province /District and Nationality:	6. Exact Date of Birth (day/month/year):
7. Age: _____ Years, _____ Months, & _____ Days (on the last date for application)		
8. Permanent Address:	9. Present/Postal Address:	
10. Personal Contacts : a) Phone and Area Code-Number:	b) Cell # c) E-mail address:	
11. Religion:	12. Marital Status:	
13. Applying on Quota: <input type="checkbox"/> No <input type="checkbox"/> Yes: (if yes: <input type="checkbox"/> Disabled, <input type="checkbox"/> Minority)		

**II. Academic Background/Qualification Starting from Highest Degree/Certificate (add rows if required )**

Degree/Certificate	Year of passing	Subjects/Field of Study	Marks% with Distinction (if any)	Division Grade / CGPA	Board/University


**Note:** For Applicants, having any foreign Qualification, HEC Equivalence Certificate must be submitted

**III. Post-Graduate Research Projects** (add rows if required )

Sr. No	Purpose of the Research Work	Title of the Research Work	Title of the Journal/Magazine & Page Nos.

**IV. Employment History Starting from Present Position** (add rows if required )

Total Experience = \_\_\_\_\_ Years \_\_\_\_\_ Months

Post Held	BPS/ Contract	Name of Institution/ Organization	Govt. / Semi Govt. / Private	Duration		
				From	To	Total

**V.**

- a) Are you free from pecuniary embarrassments?\_\_\_\_\_
- b) If you are under liability to repay money, advanced by an institution or party for your education or any other purposes, state the particulars \_\_\_\_\_
- c) Have you ever been convicted or sentenced by any court of law other than minor traffic offence or another similar minor offence?\_\_\_\_\_
- d) If you are an ex-serviceman, please give the dates of your service in Armed Forces (as shown in the Discharge Certificate) from \_\_\_\_\_ to \_\_\_\_\_. Also mention rank at the time of release / discharge:\_\_\_\_\_

- e) If you have ever been dismissed / terminated / removed from any Provincial/ Federal Govt./ Autonomous/ Semi-Autonomous Agency of the Federal or Provincial Government for reasons other than want of vacancy, mention post \_\_\_\_\_ Department \_\_\_\_\_ Year \_\_\_\_\_ and encircle the word applicable to you:  
Dismissed / Terminated / Removed

**VI.** Have you applied for any other post advertised by this University, if so, mention the name of post \_\_\_\_\_

**VII.** If appointed, are you prepared to work on any problem or project assigned to you?  
\_\_\_\_\_

**VIII.** Additional remarks, if any (Applicants may mention here any special qualification or experience in organization which have not been given under the above head)

<b>VI. References (Provide a list of two academic/professional references)</b>	
<b>Reference-1</b>	<b>Reference-2</b>

**IX.** Please state if the following documents are attached with the application:

<b>Sr#</b>	<b>Document/copy of</b>	<b>Yes/No</b>
1.	Original Prescribed Form	
2.	Photographs	
3.	Certificates/DMC/Degrees	
	Matriculation	
	Intermediate	
	Graduation	
	Masters/ BS (Honors)	
	M.Phil/ MS	
	PhD	
	Any Other	
4.	CNIC	
5.	Domicile	
6.	Experience Certificate(s)	
7.	Departmental permission from Appointing Authority(if required)	
8.	Disability Certificate (if any)	
9.	Original Bank Draft	
10.	Others	

## DECLARATION

I Mr./Ms. \_\_\_\_\_ by putting my signature submit the above application and affirm that the information given therein is correct to the best of my knowledge and belief and that I authorize you to verify it from the above references or by any other authentic sources. In case, any information is proved completely or partially false/incorrect, the University will have full right to take legal action as deems fit under the rules.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

### **Instructions to the Candidates:**

1. Application forms must be filled carefully and legibly in MS Word form.
2. The application must be submitted to the Registrar, Rawalpindi Women University Rawalpindi, on or before the closing date mentioned in the Advertisement through post/courier: those candidates who are already in service, Government or Semi-Government should apply through proper channel.
3. Applications shall not be received by-hand.
4. Candidates applying for more than one position shall submit separate application along with all the necessary documents (separate bank draft for each post).
5. Any application received after the closing date is liable to be rejected.
6. All correspondence must be addressed to the Registrar, Rawalpindi Women University Rawalpindi by designation and not by name.
7. No TA DA will be paid for Test/Interview.
8. Candidates should clearly give their postal Address in capital letters. Any change in address should be reported to the Registrar immediately.
9. Candidates who submit unsigned application, does not submit original Pay Order, proof of Age, Educational Qualifications, Experience or Domicile Certificate, his/her application will be rejected.
10. The requisite age must be possessed on the Closing Date. The maximum age limit will be relaxed as per Government Rules.
11. Requisite qualifications must be possessed on or before closing date. Such candidates whose result is not officially announced by Controller of Examinations of the University on or before closing date their applications will not be entertained.
12. A candidate must satisfy the university that he/she is eligible and suitable in all respects of employment under Government. The decision of the University in this behalf and as regards his/her eligibility in terms of advertisement shall be final.
13. The prescribed experience will count after acquiring the requisite basic educational qualification, unless otherwise specified in the Advertisement.
14. The University reserves the right to withdraw or cancel or not to fill any post without assigning any reason.
15. Incomplete application in any aspect shall not be entertained.

# **CERTIFICATE OF DEPARTMENTAL PERMISSION**

**To be submitted by the candidate who is in Govt. / Semi Govt. Service**

**1. The following particulars should be filled in by the candidate:-**

- a) Name \_\_\_\_\_
- b) Father's Name \_\_\_\_\_
- c) Post held at present \_\_\_\_\_
- d) Office / Department \_\_\_\_\_
- e) Post applied for \_\_\_\_\_
- f) Advertisement dated \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

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**2. (This portion should be filled in by the Department / Office.)**

The above mentioned candidate has been permitted by this Office / Department to apply for the said post and that:-

- a) He/ She has been employed in this Department/ Office as \_\_\_\_\_ since \_\_\_\_\_
- b) He / She holds this post in permanent / temporary or adhoc capacity.
- c) There is nothing on record of this Department which may render him ineligible for the post and that his / her record of service is satisfactory and no departmental proceedings / enquiry are pending against the candidate.
- d) 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 Appointing Authority or  
Authorized Officer on his behalf

Name: \_\_\_\_\_

Stamp: \_\_\_\_\_

Dated: \_\_\_\_\_

**MAILING ADDRESS FOR INTERVIEW CALL**

<b>Mailing Address</b>
<b>Name:</b>
<b>Address:</b>
<b>Contact #:</b>

<b>Mailing Address</b>
<b>Name:</b>
<b>Address:</b>
<b>Contact #:</b>

<b>Mailing Address</b>
<b>Name:</b>
<b>Address:</b>
<b>Contact #:</b>

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