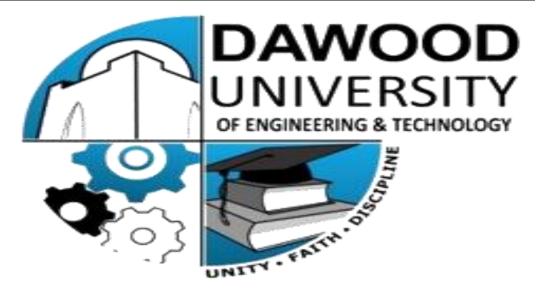
## DAWOOD UNIVERSITY OF ENGINEERING AND TECHNOLOGY NEW M. A. JINNAH ROAD KARACHI-74800 (PAKISTAN)

## FOR FACULTY POSITIONS

Assistant Professor (BPS-19), Lecturer (BPS-18) and Junior Lecturer (BPS-17)



NAME OF APPLICANT			
POST APPLIED FOR			
BPS			
DEPARTMENT/DISCIPLINE			
SINDH BANK DEPOSIT SLIP NUI	MBER	DATE OF PAYMENT	BRANCH NAME AND CODE

## **INSTRUCTIONS:**

- 1. Please attach the original deposit slip of Sindh Bank Limited with the application form.
- 2. Please write NA (in capital) in the empty entries.

Name (in capital letters)			Photograph (Passport <i>size</i> )
Father's Name			
Gender	Date of Birt	th	
Age	Years	Month(s)	Day(s):
CNIC No. (copy may also be attached)		-	-
District of Domicile		Domicile: Sindh (Urban/Rural) (please specify)	
Nationality		Marital Status	
Highest Qualification		Passing Year	
PEC/PCATP Registration Number. (if applicable)		NTS-GAT (General) (copy may also be attached)	
Present/ Postal Address			
Permanent Address			
Mobile No.			
Phone No. (Residence)			
E-Mail Address			

## 2. <u>ACADEMIC BACKGROUND, PROFESSIONAL TRAINING & EXTRA/ CO-CURRICULAR ACTIVITIES</u>

(i) <u>Academic Background:</u> (Please start from highest qualification and go in descending order)

		<del>, , , , , , , , , , , , , , , , , , , </del>		·			
Degree/ Certificate	Year of	Year of		University/ Institute/	Marks I	Detail	Grade/ Division/
held	Start	End	Field/ Subject	Board	Obtained	Total	CGPA
Ph.D							
ME / MS / M.Sc / M.Phil							
BE / BS / B.Sc / BA							
Intermediate							
Matriculation							
Any other							

(ii) <u>Professional Training:</u> (Please start from most recent training and go in descending order). Use additional sheet, if required.

Course	Diploma/Certificate	Field of study	Institution	Grade

(iii)	Extra/Co-curricular Activities/Hobbies/Interests: (if any) Use additional sheet if required.

					Duration	Time	
				Da		Period	
Name of Organization	Designation	Scale	Job Profile	From	То	YY-MM-DD	
	Total			<u> </u>	_YY,	MM,DD	
requirea). One was	ditional sheet, if requir	eu.		Duration Time			
S. C.Oi-otion	- · · · · · · · · · · · · · · · · · · ·	0 -10	7 1 D £1.		Dates		
Name of Organization	Designation	Scale	Job Profile	From		Period	
	1			FIOIII	То	Period YY-MM-DD	
<del></del>				FIOIII	То		
				FIOIII	То		
				FIOIII	То		
				FIOIII	То		
	Total					YY-MM-DD	

 $\underline{EMPLOYMENT\ HISTORY}\ (\text{Please start from your recent job and go in descending order}).$ 

3.

	4.	<b>RESEARCH PUBLICATIONS</b> (Must include name of journal; year/volume of publication; page numbers; author(s); title). Use additional sheet, if required.								
	(i)	National/ International .	Journal Pa	pers: (Please spec	ify the deta	ails of HEC	Recogniz	ed journal only)		
Sr. #		Title of Publication		ete Name of and Address	Vol. No.	Page No.	Year	HEC approved (Yes/ No)	Impact Factor	
1.										
2.										
3.										
4.										
	(ii)	National / International	Conference	ee Papers: (Use a	additional s	heet, if req	uired.)			
Sr. #		Title of Publication	Co	onference and V	ee and Venue Year				tional / rnational	
1.										
2.										
3.										
4.										
	(iii)	Book / Book Chapter W	ritten: (if a	ny) (Use additional	sheet, if rec	quired.)				
Sr. #		Title/ Topic		Subject	Subject / Description			Publisher (	if any)	
1.										
2.										
3.										
	5.	REFERENCE (Please pro	ovide the refe	rences of two acade	mic person	alities)				
	(i)	Reference # 1:								
		Name								
		Institution/University							<del></del>	
		Address								
		Email								

(ii)	Reference # 2:	
	Name	Position
	Institution/University	
	Address	
		Phone No
	Email	
By si	igning below and submitting this application	form I,
Son	/ daughter of	confirm that the
infor	rmation I have provided is accurate to the be	est of my knowledge and that I authorize you to
	•	
conta	act the references provided above for further is	nformation.
		Signature of Applicant
		9
Date	<u>.                                    </u>	
Place	e	
====		
Appl	lication Received by:	Date
Chec	eked by:	Date
Char	t Listed Not Short Listed if	Enat wassan(s)
SHOP	Not Short Listed II	f not, reason(s)
Signa	ature of Dealing Officer:	
Nam	e of Dealing Officer:	
		Date