

BENAZIR BHUTTO SHAHEED UNIVERSITY, LYARI, KARACHI APPLICATION FORM FOR FACULTY POSITION

Position Applied for Professor, Associate Professor		Professor, i	lecturer, etc.)			Affix here a p	
Department:					photograph taken in the last one year		
1. Personal Inf	ormation:						
Name:			F	ather's Name	:		
Date of Birth:	Pla	ace of\ Bi	irth:		Nationality:		
CNIC:			Do	omicile: (City) (I	Province) _	
Marital Status:			Gender:		Religion:		_
E-mail:		Mo	obile #		Nationality:		
Postal Address:							
2. Educational	Qualificat	ion: (Pl	ease attached co	pies of creden	tials including all ma	ark sheets)	
DEGREE / CERTIFICATE	DEGREE TILTLE		VERSITY / BOARD	YEAR OF PASSING	FIELD OF SPECIALIZATIO (If any)		CGPA/ DE/ %
Doctorate							
M. Phil/ MS/ Masters (18 years)							
Masters / BS (16 years)							
Bachelors (14 years)							
HSC / ADE							
SSC							
Any other							
3. Teaching / R	Research Ex	xperien			s if require)		
INSTITUTION POST		HELD	CONTRACT REGULAR		RSES TAUGHT	FROM	ТО
							l
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4. Other Work Experience: (Use additional sheets if required)

ORGANIZATION	DESIGNATION	JOB DESCRIPTION	FROM	То	OF LEAVING

5. RESEARCH PUBLICATIONS IN HEC RECOGNIZED JOURNALS ONLY:

(*Use additional sheets if required*)

ТОРІС	TITLE OF JOURNAL	NATIONAL / INTERNATIONAL/ PLACE OF PUBLICATION	ISSUE NUMBER AND YEAR OF PUBLICATION

6. **RESEARCH SUPERVISED:** (Use additional sheets if require)

Institution	(MS /M. Phil / PhD/ other)	RESEARCH AREA	YEAR OF AWARDED OF DEGREE

7. Employer's Certificate:	
(Only for those applicants who are employed i through proper channel.)	in Government or Semi-Government organization. Should sent their application
The Application of Mr. /Ms	s/o/d/o, who
is employed in	against the temporary/permanent post of
, is forwarded herewith. I	He / She will be relieved of his/her duties if he/she is selected for
employment in Benazir Bhutto Shahe	eed University Lyari, Karachi. His confidential report/character role
will be sent to the University whenever	er required.
Date:	Signature:
	Name:
	Designation:
(Seal of the Organization)	Organization:
	than relatives, particularly Government or Semi-Government officers of BS-17 and on about your suitability for the job)
Name:	Position:
Organization and address:	
Telephone/ Mobile:	E-mail:
Name:	Position:
Telephone/ Mobile:	e-mail:
9. Applicant Certification: I certify that the information submittee	ed in this application form is correct and complete to the best of my
knowledge and belief. I understand	I that knowingly making a false statement or omission in this
application may be sufficient cause	for rejection of this application or dismissal after employment. I
hereby authorize BBSUL to verify al	l my education certificates / degrees / diplomas / transcripts / mark
sheets with the relevant educational	institutions and my employment record with any of my former
employers of my present employer wi	th liability arising there from.
respect of my	

Applicant's Signature:

Date:____