Faculty Job Application Form

National Skills University Islamabad



Applicant Name	
Post applied for	
Department	

Note: Please mark/fill information as applicable

Personal Information Name Father's Name	<u>n</u>								F	ffix a Photo asspo	grap	oh .	
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Gender		<u> M</u>	ALE				FEM	ALE	EE [_
Date of Birth	-			Age		Years,				:) & _		day((s
CNIC No. (copy may also be attached)					_							-	
Marital Status						Bloc	od Gr	oup					
Nationality							nicile						
Highest Qualification						Pass	sing Y	Year					
PEC Reg. No. (if applicable)						NT	C Nun	nber					
Present/ Postal Address					 	 							-
Permanent Address					 	 							
Mobile No.													
Phone No. (Residence)													_
E-mail													_

(II) Academic Background, Professional Training & Extra/Co-curricular Activities

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

Degree/ Certificate	Session		Year of - Award	Field/ Subject	University/ Ins Board	titute/	Marks	Detail	Grade/ Division/
held	FROM	то	Awaru	Subject	Institution Name	Country	Obtained	Total	CGPA
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(b) Professional Training (Please start from most recent training and go in descending order)

Title	Diploma/Certificate	Field of study	Institution	Grade if any

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

(III) <u>Employment History</u> (Please start from your recent job and go in descending order)

(a) **Teaching**

Name of		Pay	Job Profile		Duration	on Time	
Organization	Designation	Scale		Dates		Period	
Organization		Scarc		From	To	YY-MM-DD	
	Total		YY,	MM,DD			

(b) **Industrial** (if any)

Name of			Job Profile		Durati	on Time
Organization	Designation	Scale		Dat	tes	Period
Organization				From	To	YY-MM-DD
	Total		YY,	MM,DD		

Total Experience	Years	Months	Days
(Teaching & Industrial)			

(IV) Research Publications

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

(a) <u>National/International Journal Papers (Attach additional sheet if required)</u>

Sr. #	Title of Publication	Complete Name of Journal and Address	Vol. No.	Page No.	Year	HEC approved Category	Impact Factor
1.							
2.							
3.							
4.							

(b) <u>National/International Conference Papers (Attach additional sheet if required)</u>

Sr. #	Title of Publication	Conference	Year	Venue
1.				
2.				
3.				
4.				

(c) <u>Book/ Book Chapter Written</u> (if any) – Attach additional sheet if required

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

(d) <u>Lab Manual (if any)</u>

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

Reference No: 1. Name Position Phone No Reference No: 2. Name______ Position_____ Phone No_____ Email _____ By signing below and submitting this application form I, -----, confirm that the information I have provided is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information. Date_____ Signature of the Applicant

Reference: - Provide Two Academic/Professional References

(V)

Your Teaching Philosophy & Skills (500 words)