(	<u>CU∛∖S</u>	Cholistan University of Vete	rinary & Animal	Scienc	es, Bah	awalpur
					Tel: 062 Email: regis	r DHA, Bahawalpur -9255716 strar@cuvas.edu.pk w.cuvas.edu.pk
	APPLI	CATION AND BIODATA FOR	M FOR NON-AC	ADEMI	C POSIT	IONS
i).	This form must	be duly completed and accompa	nied by:			
	(b) Attested co (c) Annexure-v Internationa students su	id Bank Challan must be attached win advertisement (Rs /-Non pies of the relevant certificates and twise detail of scientific researdal), technical reports, conference projects won etcassport size photograph.	-refundable). estimonials. ch publications (N presentations, pos	amount a ational stgraduat	&	HOTOGRAPH (Passport Size)
ii).	Persons alread proper channel office hours.					
iii).	Incomplete App entertained.	olications or those received after	er the due date w	rill not b	e	
iv).	reason or consi	reserves the right not to fill any vander a person for appointment in a	lower cadre agains	st the pos	st advertis	
v). vi).		nation (if any) where space is ins <sup>-</sup> each question clearly and c		•		
,	applicant.					
	appointment.	f facts or misquoting of informa must be page marked.	tion in the form wi	ill disqua	alify the a	applicant even af
,	••		on BPS/Contract	(Mention (	Clearly)	
		tioned in the Advertisement)			at	campi
		Date:Newsp				·
		Block Letters as mentioned in CNIC				
-		Block Letters as mentioned in Matric Ce				
		ame (In Block Letters as mentioned				
			·			
		ational Identity Card No.				
<b>8.</b> Pr		ncil Registration: (a) Name of (				
		(c) Status: /	Active/Expired:			
(d	I) If Active (Life	time OR Interim): from	to		(Annexe	ed at page #
<b>9. (i</b> ) (Pleas	Postal Address e provide address whe	s for Interview call/corresponder re TCS Service is available)	ence:			
		Cell No				
(ii) F	Permanent Hom	e Address:				
Land	dline No	Cell No	Em	ail:		
10.	Religion:	Date of Birth: (As recorded in the Mat	A	Age:		
11.	Nationality of (a	(As recorded in the Mat ) Self (b)	Wife or Husband,	, if marri	ied:	receipt of applications)

# 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:

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 Institution	Leaving Certificate OR	Years At	tended	Major Subjects
	Diploma obtained	From	То	Major Subjects

# (d) Academic Distinction:

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

# (e) Distinction in Games and Sports:

# **13.** MODERN LANGUAGES: List all the languages in which you are proficient.

Language	Extent of proficiency	Diploma obtained	Year of passing	Institution attended

#### 14. Give particulars of <u>Full-time</u> employment / experience /service:

Name of Post held	Name of the Institution where Employed	Federal or Provincial Govt. / Autonomous or Private	Permanent / Temporary / Contract / Adhoc	BPS	Monthly Salary	Duration Give Exact Dates: From To		Cause of leaving	Brief Description

(i) What is the total length of experience \_\_\_\_\_\_Years \_\_\_\_\_Months \_\_\_\_\_\_Days

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. <u>Specimen of NOC/departmental permission and experience certificate is attached at the end for guideline.</u>

# **15.** Membership of learned societies: (Give the name of society and nature of membership or office held).

#### 16. Countries visited:

Country	Duration From To	Purpose of Visit					
<b>17</b> Do you possess all th	e qualifications mentioned in the	Mention below the					
advertisement if yes, opposite column r separately in term of th	<ul> <li>qualification you possess</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> </ul>						
If you do not possess all o briefly but clearly which qui possess, giving your reason post in spite of this deficience give clear reasons in support <b>Vague replies will hinder the C</b>	Mention below the qualification you do not possess (1) (2) (3)						

- 18. Are you suffering or have you suffered from any physical disability? If so what and when did it begin? \_\_\_\_\_
- **19.** If you are under liability to repay money to any institution or person, state the Particulars:
- **20.** Have you obtained and attached the explicit permission (**Departmental NOC**) from your present employer to apply for this post?
- **21.** Give the name, designation of your employer/employers whom we should write for your Confidential Record:

**22.** Whether the Thesis of the candidate having Ph.D. local, applying of Assistant Professor under TTS, has been evaluated by two foreign subject experts?

23. If appointed what notice you required before joining the post:

**24.** Were you ever dismissed from service in the past, or were your services ever terminated? If yes, give details:-

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

26. 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 \_\_\_\_\_

Signature of Applicant

#### **SPECIMEN / PATTERN FOR GUIDELINE**

#### **NO OBJECTION CERTIFICATE**

This is to certify that Mr. / Ms. /	S/o, W/o:									
working as	on	regular	/	temporary	/	contract	ba	sis	in	this
(Department) w	.e.f			This Depart	me	ent has no	obje	ectio	n or	۱ his
applying for the post of		i	n tl	he Cholistai	ηl	Jniversity	of \	√eter	rinai	ry &
Animal Sciences, Bahawalpur.										

This is to further certify that there is no pending inquiry/outstanding dues against him. Moreover, there are no adverse remarks in any of his/her Annual Confidential Reports (ACRs)

(Signature and Designation of the issuing Authority)

₭.....

#### **EXPERIENCE CERTIFICATE**

This is to certify that Mr. / Ms. / Dr. \_\_\_\_\_ S/o, W/o: \_\_\_\_\_ has served in the following capacity:

Sr.#	Designation	BPS	<u>From</u> DD/MM/YYYY	<u>To</u> DD/MM/YYYY

(Signature and Designation of the issuing Authority)