



University of Lakki Marwat

Khyber Pakhtunkhwa

Application Form

For the Post of _____

Paste one
recent
Passport size
photograph

Read the following instructions carefully before filling the form.

1. This application form, duly completed should be submitted to the Registrar, University of Lakki Marwat on or before the due date along-with the following documents:
 - i. Attested photocopies of certificates, degrees, detailed marks certificates/transcripts, domicile, CNIC, experience certificates and other relevant testimonials.
 - ii. Bank Draft of the required application processing fee (as per advertisement) drawn in favour of the University of Lakki Marwat.
2. Incomplete application forms and those received after the due date will not be entertained.
3. In case of disability, disability certificate from the Social Welfare Department, must be attached.
4. Use additional sheets, if required.
5. Fill all the columns. Write N/A if not applicable

1. **NAME** (in block letters) Mr. /Miss. /Mrs. _____

2. **FATHER'S NAME:** _____

3. **ADDRESS AND OTHER PARTICULARS:**

a. For correspondence (interview Call) _____

_____ Ph. No . _____

b. Permanent Home address: _____

_____ Ph. No. _____

c. E-Mail Address: _____ d. Gender: _____

e. District/Province of Domicile: _____ f. Nationality: _____

f. Marital Status: _____ g. CNIC No. _____

h. Religion: _____

Date of Birth: (Day) _____ (Month) _____ (Year) _____

i. Age on closing date: (Days) _____ (Months) _____ (Years) _____

j. Amount deposited Rs. _____ (rupees _____) at

Bank: _____ vide Receipt/Draft No: _____

dated: _____

4. **EDUCATION: Commencing from the Matriculation or Equivalent Examination.**

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Distinction/ Gold Medal etc. (if any)	Obtained / Total Marks	% Marks/ CGPA
a.	SSC/A Level					
b.	HSSC					
c.	Bachelors					
d.	Masters/ BS (16 years educ.)					

5. **HIGHER QUALIFICATION:**

S#	Degree	Name of University	Subject with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
1.	M.Phil/MS				
2.	Ph.D				
3.	Post Doc				

6. **RESEARCH PROJECTS:** Give particulars of all post-graduate research work done. Mention name of Institution and Professor under whose guidance research completed.

S.#	Research Project	Sponsored by	Status	Amount (in Rs.)
a.				
b.				
c.				

7. **RESEARCH PUBLICATIONS:** Attach attested photocopy of title of journal with each research paper mentioning Impact Factor.

S#	Title of Research Paper	Name of Journal	Date of publication	Principal/ Co-author with S.No. of author	HEC/PM&DC recognized Yes/No	Impact Factor of the Journal
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
j.						

Attach additional sheet (if required).

8. EMPLOYMENT RECORD:

S #	Name of Institute / Organization	Period		Designation	BPS	Job Description (Teaching / Research / Admin)	Nature of Job (Permanent/ Temporary)	Status of Organization (Govt./ Semi Govt./ Autonomous)
		From	To					
a.								
b.								
c.								
d.								
e.								

Attach additional sheet (if required).

Total Job Experience as on Closing Date of Application:

Days	Months	Years

9. Attach list of Miscellaneous Teaching or Administrative Experience, if any.

10. COUNTRIES VISITED:

S#	Name of Country	Duration	Purpose of Visit
a.			
b.			
c.			

11. References:

- a. _____
- b. _____
- c. _____

12. State any other relevant facts. (Attach additional sheet, if required).

13. Checklist of required documents attached.

(Please mention the attached documents, other than enlisted below, at serial No. 16 & onwards)

S/No.	Name of Document	Attached <input type="checkbox"/> Please Tick (if attached)	Not Applicable <input type="checkbox"/> Please Tick (if not applicable)	Page No. <i>(Write page number on the top right corner of the attached documents)</i>
1.	Bank Receipt/Demand Draft	<input type="checkbox"/>	<input type="checkbox"/>	
2.	CNIC	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Matric Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Matric DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Intermediate DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Bachelors/Graduation Degree	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Bachelors/Graduation DMC/Transcript (final year)	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Masters Degree	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Masters DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
12.	M.Phil/MS Degree	<input type="checkbox"/>	<input type="checkbox"/>	
13.	M.Phil/MS DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Ph.D degree	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Post Doctorate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Relevant experience Certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Photographs (2)	<input type="checkbox"/>	<input type="checkbox"/>	
18.		<input type="checkbox"/>	<input type="checkbox"/>	
19.		<input type="checkbox"/>	<input type="checkbox"/>	
20.		<input type="checkbox"/>	<input type="checkbox"/>	

* Attach additional sheet (if required).

I hereby declare that all the entries made in this application form, all the above information and the additional particulars/documents furnished along-with it, are true to the best of my knowledge and belief.

Dated: ____ / ____ / ____

Signature of the Candidate



APPLICANT'S RECEIPT

RECEIPT No: _____ DATE: _____

POSITION APPLIED FOR: _____

NAME: _____ F/NAME: _____

Official Signature