

**FOR TEACHING
POSITIONS**

(To be filled & submitted by the candidate. Incomplete/late submitted form shall be rejected.)

1	Through Challan	2	Bank Draft/ DD/ Postal Order/ Pay Order
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14. Do you possess the qualification prescribed for the post applied for?
(Yes/No) _____ (as specified in the advertisement)

15. Academic Qualification: All the entries must be supported by certificates or degrees failing which no claim of Qualification will be maintainable. (All documents should be attested) Please mention details of all examinations / degrees and technical qualifications obtained, starting with Matriculation in the order in which passed.

Certificate / Degree	Subjects	Board / University	Year of Passing	Total Marks	Marks obtained	Division/ CGPA	Remarks/ Distinction
Matriculation							
Intermediate							
Graduation (14 Years)							
BA/BSc. (Hons)/ Masters (16 years)							
MPhil/MS							
PhD							
Post Doc (With Duration)							
Others							

16. Service Record: Indicate details of your entire service record up to your present post.

Total Experience = Years _____ Months _____

[illegible]

17. Professional Training (National)

(Please start from most recent training and list in descending order)

Course/ Diploma/ Certificate	Field of Study	Institution

18. Professional Training (International)

(Please start from most recent training and list in descending order)

Course/ Diploma/ Certificate	Field of Study	Institution

19. Research: (Give particulars of all post-graduate research work done. Please mention name of Institution and Professor under whose guidance the research was completed)

Program	Topic
BA/BSc (Hons) /BS/MA/MSc (16 year Education)	
MS/MPhil (18 year Education)	
PhD	

20. Thesis Supervision (BA/BSc(Hons)/BS/MA/MSc): (Attach documentary evidence)

Sr. No.	Name of the Student	Thesis Title	Completion Date
1.			
2.			
3.			
4.			
5.			

21. Thesis Supervision (MS/MPhil): (Attach documentary evidence)

Sr. No.	Name of the Student	Thesis Title	Completion Date
1.			
2.			
3.			
4.			
5.			

22. Thesis Supervision (PhD): (Attach documentary evidence)

Sr. No.	Name of the Student	Thesis Title	Completion Date
1.			
2.			
3.			
4.			
5.			

23. List of Publications (Attach documentary evidence)

Sr. No.	Title of Research Paper	Name of Journal with ISSN, Category / Impact Factor	Volume, Page No. & Year
1.			
2.			
3.			
4.			
5.			

24. Research Project as PI / CO-PI (Attach documentary evidence)

Sr. No.	Title of the Project	Funding Agency	Amount
1.			
2.			
3.			
4.			
5.			

25. Editor of an Academic Journal (Attach documentary evidence)

Sr. No.	Name of the Journal	No. of issues published under your Editorship	Year
1.			
2.			
3.			
4.			
5.			

26. Paper Reviewed (Attach documentary evidence)

Sr. No.	Name of the recognized Journal	Title of Paper Reviewed	Date
1.			
2.			
3.			
4.			
5.			

27.Academic Talks / Seminar (Attach documentary evidence)

Sr. No.	Title of the Talk	Host Organization	Date
1.			
2.			
3.			
4.			
5.			

28. Travel Grants (Attach documentary evidence)

Sr. No.	Purpose of Grant	Funding Agency	Date
1.			
2.			
3.			
4.			
5.			

29. Books / Book Chapters Published (Attach documentary evidence)

Sr. No.	Title	Publisher	Date
1.			
2.			
3.			
4.			
5.			

30. Community Services (Attach documentary evidence)

Sr. No.	Detail of Service	Duration
1.		
2.		
3.		
4.		
5.		

31. Presentation in Academic Conference (National)

(Attach documentary evidence)

Sr. No.	Name of the Event	Place	Date
1.			
2.			
3.			
4.			
5.			

32. Presentation in Academic Conference (International)

(Attach documentary evidence)

Sr. No.	Name of the Event	Place / Country	Date
1.			
2.			
3.			
4.			
5.			

33. Role in Institutional Development

(Attach documentary evidence)

Sr. No.	Nature of Assignment	Duration
1.		
2.		
3.		
4.		
5.		

34.Conference / Workshops organized as Focal Person

(Attach documentary evidence)

Sr. No.	Name of Conference / Workshop	Duration
1.		
2.		
3.		
4.		
5.		

35. Please explain why you would like to join GC University Lahore?

36. References: (Provide two academic/ professional references)

Reference No. 1: Name _____

Designation _____ Organization _____

Address _____ Contact No. _____

Reference No. 2: Name _____

Designation _____ Organization _____

Address _____ Contact No. _____

37. If your last service has been terminated by the Government for want of vacancy, please give dates of such service from _____ to _____.

38. If you are an ex-serviceman, please give the dates of your service in Armed Forces (as shown in the Discharge Certificate) from _____ to _____.
Also mention rank at the time of release / discharge:_____

39. If you have ever been dismissed / terminated / removed from any Provincial/ Federal Govt./ Autonomous/ Semi-Autonomous Agency of the Federal or Provincial Government for reasons other than want of vacancy, mention post _____ Department _____ Year _____
and encircle the word applicable to you: Dismissed / Terminated / Removed

40. Write “Yes” or “No” against the certificates and other documents which you have attached with this application:-

CHECK LIST (Please attach attested copies of the relevant documents)

		(Y / N)	Page. No.
a)	i)	Matriculation	
	ii)	Intermediate	
	iii)	Graduation	
	iv)	Masters	
	v)	MPhil	
	vi)	PhD	
	vii)	Post Doc	
	viii)	Domicile Certificate	
	ix)	Experience / Service Certificate	
	x)	Certificate of Distinction	
	xi)	Certificates of Co-Curricular Activities	
	xii)	Professional Training Certificate (National & International)	
	xiii)	Thesis Supervision BA/BSc (Hons) / MA/MSc/MS/PhD	
	xiv)	Publications	
	xv)	Research Project as PI / CO-PI	
	xvi)	Editor of an Academic Journal (Documentary evidence)	
	xvii)	Paper Reviewed (Documentary evidence)	
	xviii)	Academic Talks(Documentary evidence)	
	xix)	Travel Grants (Documentary evidence)	
	xx)	Book Published (Documentary evidence)	
	xxi)	Community Services (Documentary evidence)	
	xxii)	Presentation in Academic Conference (National & International) (Documentary evidence)	
	xxiii)	Role in institutional Development (Documentary evidence)	
	xxiv)	Conference / Workshops organized as Focal Person (Documentary evidence)	
	xxv)	Any other document	
b)	i)	In case of Government Service, Departmental Permission Certificate from Appointing Authority.	
	ii)	In case the candidate has been terminated from any Government Service due to non- availability of a vacancy, Certificate of such Service.	
	iii)	In case of Ex-Serviceman, Discharge Certificate	

I do hereby solemnly declare that all the entries made and information supplied by me in this application form are correct to the best of my knowledge and belief. I fully understand that the facts given above will serve the basis for determination of my eligibility by the University and my candidature so determined by the University will stand provisional until it is verified with the original certificates at the time of test / interview.

Candidate's Signature: _____ Date: _____

**THE GOVERNMENT COLLEGE UNIVERSITY
LAHORE**

Certificate of Departmental Permission

To be submitted by the candidate who is in Government / Semi Government Service

1. The following particulars should be filled in by the candidate:-

- a) Name _____
- b) Father's Name _____
- c) Post held at present _____
- d) Office / Department _____
- e) Post applied for _____
- f) Advertisement dated _____

Dated: _____

Signature of the Candidate

2. (This portion should be filled in by the Department / Office.)

The above mentioned candidate has been permitted by this Office / Department to apply for the said post and that:-

- a) He/ She has been employed in this Department/ Office as _____ since _____
- b) He / She holds this post in permanent / temporary or adhoc capacity.
- c) There is nothing on record of this Department which may render him ineligible for the post and that his / her record of service is satisfactory and no departmental proceedings / enquiry are pending against the candidate.
- d) If a Departmental candidate / employee is selected, he / she will be relieved by the Parent Department to join the post for which he / she has applied.

Signature
Name and Designation of the
Appointing Authority or Authorised
Officer on his behalf

Dated: _____

Candidate Name:	
Postal Address:	
	City
Contact Nos.	

Candidate Name:	
Postal Address:	
	City
Contact Nos.	

Candidate Name:	
Postal Address:	
	City
Contact Nos.	

Candidate Name:	
Postal Address:	
	City
Contact Nos.	

Candidate Name:	
Postal Address:	
	City
Contact Nos.	

GC University Lahore
To be filled by the Candidate

Application No.

Name of the Candidate

Name of post

Received by (Name & Signature) Dated: