

Abdul Wali Khan University Mardan

APPLICATION FORM

Advertise POSITION APPLIED FO	ment No:		ust be filled by the o	,		Attach Three Attested Photographs
Campus applied for:		-	بلحا			
Field of Specialization:		19	1			
NAME:			F/NAME:			
Date of Birth:	(dd/mm/yy	yy) Age:	17- 18 2 day	(till t	he closing	date of application)
Domicile/District:	W. Oliver	_CONTA	C T #	1	Email:_	< ₩
Nationality:	Mar	ital Status		CNIC No:	E/	
Position/Distinction at U	niversity Level (C	G <mark>old Med</mark> a	l, S <mark>ilver Medal an</mark>	d Bronze M	le <mark>da</mark> l only):
Mailing Address (For Te	s <mark>t, Intervi</mark> ew Cal	l):		NEW TO	W.	
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Permanent Address:	T AA		ET GOV		THE RESERVE	
ACADEMIC RECORD:					د	
DEGREE/CERTIFICAT	MARKS OBTAINED	TOTAL MARKS	PERCENTAGE/ CGPA	Date of Obtaining	Division or Grade	BOARD/INSTITUTION/ UNIVERSITY

SR#	DEGREE/CERTIFICATE	MARKS OBTAINED	TOTAL MARKS	PERCENTAGE/ CGPA	Date of Obtaining Degree	Division or Grade	BOARD/INSTITUTION/ UNIVERSITY
1.	Matriculation	-				9	
2.	Intermediate	1			7		
3.	Bachelors	1					
4.	Masters		20	109			
5.	M.Phil/ MS	3	77	100			
6.	PhD						
7.	Any Other Qualification						

^{*}Attested Copy of all Documents along with certificate of Distinction (if any) must be attached

EMPLOYMENT RECORD

Current Posit	tion (if Any	y):				 	
NOC:	Yes			No]		
Total Experie	ence:	_	Years		Months	 Days	

S#	Name of Institute / Organization	Per	riod		Period of rvice	Designation	BPS or pay	Job Description	Nature of Job (Permanent /	
		From	То	Years	Months	,	Scale if Any	(Teaching / Research /	Temporary/ Contract/	
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^{*} NOC is must for those applying through proper channel

RESEARCH PAPERS:

Attach list of Research Papers as per specimen and attested photocopy of title of journal with each research paper, Clearly indicating impact factor publications (*if any*)

S#	Title of Research Paper	Name of Journal	Date of publication	Principal or co-author	Impact Factor
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^{*}Attach Additional Sheet if required

RESEARCH PROJECTS:

S#	Title of Research	Contribution to	Funding/Sponsoring	Status of project	Total
	Project	Project	agency	(Completed/Secured,etc)	cost of
		(PI / Co. PI)			project

^{*}All documents relating to research project including approval and sponsor letter must be attached

^{*}Attach Experience Certificate of Employment

DETAILS OF TRAININGS

S#	Name of Institution	Type of Training	Period		Certificate or Diploma obtaine	ed
			From	To		
				1		
	/	/ A			\	
	//	17		7		

INSTRUCTIONS

- (a) Please fill each row and column in this proforma very carefully and no column be left blank.
- (b) If a row or a column is not relevant, write "Not Applicable" or "NA".
- (c) Wherever necessary, use additional sheets for additional information.
- (d) All entries in this form preferably be typed.
- (e) Attested photocopies of all documents must be attached
- (f) Incomplete proforma will not be entertained.

DECLARATION

I hereby declare that all the entries in this proforma and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand that any misrepresentation of the facts in it shall result in the rejection of my application, and if an appointment has been accepted, dismissal from the service.

Dated :		
		Signature of applicant

SCRUTINY COMMITTEE (FOR OFFICE USE ONLY)

S.No	Name & Designation	Status	Signatures
1.		Convener	
2.		Member	
3.		Member	
	Recommendation	ons of the Scrutiny Committee	
(Tick t	the status√)	Eligible / In	neligible
Reaso	n for ineligibility):		