Application Status:	
(for official use only):	



UNIVERSITY OF EDUCATION

JOB APPLICATION FORM FOR THE POSTS

(BS-02 to BS-07) (Except the post of Junior KPO)

Affix recent Passport size photographs

Job Applied For:										Sr. #	‡					
Choice of Campus:																
Special Quota (if any) Please tick relevant Box:			Dis	abled	k		V	Vome	n		Minorities					
1. Bank Dra	1. Bank Draft Information															
Bank Name:																
Bank Draft No.							Ва	nk Dra	ıft Dat	e:						
2. Personal	Info	rmatic	n													
Name: Mr./Mr	s./M	iss (in	block le	etters)											
Father/Husba (in block letters		Nam	e:													
Mailing Addre	ess:															
6																
Telephone / Mobile:																
Email Address	: :															
Date of	Da	y N	/lonth	Ye	ear	Age as on closing date of Advertisement		e Ye	Years		Months		Da	ays		
Birth:																
C.N.I.C. No:		,				-				1					-	
Religion:					Nationality:											
Gender: Male				Female												
Marital Status: Married					Unmarried											
Spouse's Name: (if applicable)									_			_				

Certificate/ Degree	Major Subjects	In all the	Passing	Marks	Percentage		
		Institution	year	Obtained	Maximum	/ CGPA	
Primary (05 years)							
Middle (08 years)							
Matric Or							
Equivalent (10 years)							
FSc/FA Or							
Equivalent (12 years)							
BSc/BA Or							
Equivalent							
(14 years)							
MSc/MA Or equivalent (16 years)							
Any other Higher							
Degree							
		CURRENT ST	UDY STATU	IS			
Study Program	Program Institution		Date of Enrolment		Expected Completion Date		

4. WORK EXPERIENCE (starting from the most recent)								
	Position held/major duties	Duration						
Organization		F	From		То			
		Υ	М	D	Υ	М	D	
			re	Mor	othe	Day	\	
Total		Years		Months		Days		

5. TRAINING AND OTHER CERTIFICATIONS						
Name & Place of Institution		Certificate / Diploma	Date Att	tended	Major Subjects	
			From	То	.,,	
					1	
6. DI	STINCTIONS/AWAI	RDS				
1.						
2.						
3.						
4.						
5.						
6.						
7. RE	FERENCES					
1.						
2.						
3.		-				

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dentify doc	uments attached with this application	
1.	Academics Certificates / Degrees	
a.	Primary	
b.	Middle	
c.	Matriculation	
d.	Intermediate	
e.	Bachelor	
f.	Master	
g.	M. Phil or any other Higher Degree	
2.	CNIC	
3.	Two passport size photographs	
4.	Domicile	
5.	Experience / Service Certificate/s	
6.	Trainings / any other Certifications	
7.	NOC / DPC, issued by the Appointing Authority (In case of Government/Semi Government/Autonomous)	
8.	In case of Ex-Serviceman, Discharge Certificate / Copy of Service Book	
9.	Original Bank Draft	
DECLARATIC	<u>N</u>	
	D/S/W	
	are that testimonials / degrees / diplomas / experience certi	
cuments at	tached alongwith are valid and true to the best of my know	ledge an
-	formation contained herein is found at any stage to be miss	ing, untr
rged, I will I	pe responsible and liable to legal action.	
Date:	Candidate's Signature:	

UNIVERSITY OF EDUCATION, LAHORE

CERTIFICATE OF DEPARTMENTAL PERMISSION

TO BE SUBMITTED BY THE CANDIDATE WHO IS IN GOVT. / SEMI GOVT / AUTONOMOUS BODY SERVICE WITH THE APPLICATION FORM DULY COMPLETED, FAILING WHICH THE APPLICATION SHALL BE REJECTED.

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

Name:	
Father's Name:	
Post held presently:	
Office / Department:	
Post applied for:	
Advertisement dated:	
	Signature of the Candidate
portion should be filled i	n by the Department / Office.)
re candidate has been pe	rmitted by this Office / Department to apply for the said post
- -	
He / She has been emp	ployed in this Department / Office as
	since
	SIIICE
He / She holds this pos	t in permanent / temporary / adhoc capacity.
•	lidate / employee is selected, he / she will be relieved by the join the post for which he / she has applied.
	Signature Name and Designation of the
	re candidate has been persection. He / She has been emp He / She holds this pos If a Departmental cand

Name:	
Postal Address:	
Phone No.	
Name:	
Postal Address:	
Phone No.	
Name:	
Postal Address:	
Phone No.	
Name:	
Postal Address:	
Phone No.	
	ERSITY OF EDUCATION, LAHORE Job Application Receipt
	Diary No. (For Office use)
Name of Post:	
Name of the Candidate	D/S/W
Received By: Name(For official only)	Signature: