

GHAZI UNIVERSITY, D. G. KHAN

Phone 064-9260135

EMPLOYMENT FORM ${\bf Administrative/Non\ Teaching/other}$

Recent Passport size photograph should be affixed here

	Post Ap	plied for:						BPS:						
							Cor	ntract: _						
1.	Instruct	ions:								_				
i.	All colu applicab	imns should not le.	be left b	lank	and al	l questi	ons sl	nould be	ansv	vered	l, wh	ere		
ii.		ormation provided te(s) for confirmati				-		d with a	atteste	ed co	opies	of		
iii. Column(s) where dates are required should be filled-in with proper dates instead of month/year only.														
iv.	Incompl	ete certificates/deg	rees need	not	to be me	entioned								
Give the number and date of the bank pay order / bank draft/postal order with office of issue.														
	umber				Date		•	Office Issu	e of					
3.	Persona	l Information:												
1.1	Name of A	Applicant:												
2 1	Father's N	Jame:												
3. Date of Birth: Day					Month		Year		Ag		Age	e		
4. Domicile:			Province	;		District				Tehsil				
5. C.N.I.C No.					-							-		
6. Religion					,	7. Martial Status:								
8. I	Postal Ad	dress:												
9. I	Permanen	t Address:												
10.	Telephon	e No. (Off)			(Res.)				(M	ob)				
	Academ	via Ovalifications			1				1		•			

4. Academic Qualifications.

Name of	Name of Institution/ Board/	Year of	M	arks / CGPA	Major		
Certificate/D egree	University	Passing	Total Marks	Marks Obtained	% age	Major Subject(s)	
Matriculation/ O' Level							
Intermediate/ A' Level							
Bachelors (Two Years)							
Bachelors (Four Years)							
Masters							
MPhil/MS							
PhD							
Any Other							

Skill Excellen		ent	Good			Ce	Certificate/Diploma			
MS Wo										
MS Ex										
	wer Point									
	t Surfing									
	Software			/5:1						
`	ase specify or Experience	•		•	,	iob).				
Post			ost held				<u> </u>	D		
Name of Department/ Organization /Firm		1 1 1 1 1 1 1 1 1	ith grade)	From	Γ	Го	Total Duration	Reason for Leaving		
	ative(s) alreates				<u>sity</u>		Yes	No		
Sr. # Name		Name		Designat	ion	Department		Relationship with applican		
8. <u>Ref</u>	erences:									
Sr. # Name			Depar	Department Contact			No. Address.			
If 10. Ha	e you sufferi yes, then wh ve you obtai Yes	at and when	n it happend	ed			ity? Yes yer to apply f	No For this job?		
11. H G po	[ave you ev	Autonomou s	s Agency 1				•	Government/Sem y, retrenchment of		
Name of Post				Depa	rtment		Year of rmination	Reasons		

SIGNATURE OF THE APPLICANT DATE