

PHOTOGRAPH

<u> Agriculture, Faisalabad</u>

N AND BIODATA FORM

W C	<u>University of A</u>
	APPLICATIO
10-10-20-21 (E))	

This form must be accompanied by

- (a) A Bank Draft amounting to rupees as prescribed by the Syndicate and advertised in the National Press, drawn in favour of the Treasurer, University of Agriculture, Faisalabad.
- (b) Attested copies of the relevant certificates and testimonials.
- (c) A passport size of a recent photograph.
- II. Persons already in employment should submit their applications through proper channel. Advance copies may, however, be sent to save time. The requisite NOC from present employer must reach in the Office of the Registrar (Personnel Section) before or on the last date for receipt of applications or on the date of interview, failing which such candidates will not be allowed to appear for interview. The candidates who are living abroad and unable to appear before the Selection Board, their interviews will be conducted by the Selection Board through Video Conferencing/ SKYPE.
- III. All Government employees who intend to apply for any post through proper channel shall clarify through the Heads of their attached Departments that there is no pending enquiry/out-standing dues against them. Moreover, there are no adverse remarks in any of their ACR. These conditions are necessary for grant of Departmental Permission Certificate/NOC. The ACR grading for the last five years may also be recorded in the forwarding letter.
- IV. Incomplete Applications or those received after the due date will not be entertained.
- V. The University reserved the right not to fill any vacancy without assigning any reason therefore or consider a person for appointment in a lower cadre against the post advertised.
- VI. The applications complete in all respects are required in quadruplicate for the posts of Professor/Associate Professor (BPS & TTS)/Assistant Professor (TTS) and in triplicate for the posts of Assistant Professor/Lecturer (BPS).
- VII. Only one copy of the application is required for Administrative/Research posts.
- VIII. In case a candidate is not selected for the post applied for, he/she may take his/her material back from the Registrar's office (Personnel Section) within two months of the meeting of the Syndicate. Thereafter, such application would be destroyed.
- IX. Additional sheets may be attached where column space is insufficient.

1. POS	1. POST APPLIED FOR										
2. FUL	2. FULL NAME (in block letters)										
	B. NATIONAL I.D. CARD NO										
J. 14/A1	IOIVAL	I.D. OARD NO									
4. SEX	(Male/	Female)									
5. FAT	HER'S	NAME									
6. DAT	E OF B	SIRTH									
7. ADD	RESS:										
	(a)	Present									
	(b)	Permanent									
		Telephone number	Office								
	II.	Mobile number							_		 _
	III.	E-mail address									

6. DOMICILE DIS	STRI	СТ								
9. NATIONALITY	OF:	(a) Self								
		(b) Spouse _							_	
10. EDUCATION	AL C	QUALIFICATION	O <u>NS</u>							
·		dary School		ermediat	e or equ	ıivaler	nt			
Certificate obtained		Institution attended	Years From	attended To	Perce	ent/Ma	rks/Divis	ion M	ajor Subjects	
(b) Ur	niver	rsitv								
Degrees		lame and Plac	ce of	Years a	ttended	T 1	Percent	M	ajor Subjects	
obtained		niversity and c		From	То	Mar	ks/Division		ajoi Subjects	
(c) O t	her	formal trainir	ng					l		
Certificate /		Name a		e of	Year	s atter	nded		or Subjects	
Diploma obtaine Post-Doctorate	<u>'</u>			stitution From			То	Spe	Specialization	
r osi-Dociorate										
11. <u>NUMBER OF</u>	STL	JDENTS GUI	<u>DED</u>	·			J		•	
			M.Sc. o	or equival	ent	M.Sc.	(Hons.)/ľ	M.Phil	Ph.D.	
As majo	r Su	pervisor								
As com	mitte	e Member								
12. <u>DISTINCTIOI</u>	<u> </u>									
i)		Academic								
ii)		Professional	awards	(Govt./In:	stitution/	Societ	y)			
,				1 (1/1		1\				
iii)		Sports (Interv	/arsity/N	Nationai/ir	iternatio	naı)				
iv)		Extra Curricu	ılar							
13. <u>COURSES T</u>	<u>AUG</u>	<u>iHT</u> (During la	ast thre	ee years)						
	Со	ourse No. / Titl	e		Yea	ar	Indepe	ndent	Joint	

14. RESEARCH	(Give	particulars	of all	the	research	comp	oleted	I)
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Title of research	Period From To		e of research Period			Institution

15. PUBLICATIONS

(a) List of Research Papers Published in HEC Recognized Journals (Attach Reprints)

S.No	Authors	Year	Title	Name of Journal with Volume, Page and ISSN Numbers.	Category

(b) List of Books/Proceedings/Monographs/Manuals/Book Chapters (Attach Title Page & Contents), Significant Publications Published (Attach Reprints)

S.No	Author(s)	Year	Title	Name of Publisher

(c) List of International Research Papers Published in Journals having Impact Factor (Attach Reprints)

S.No	Authors	Year	Title	Name of Journal with Volume, Page and ISSN Numbers.	Impact Factor

(d) List of Research Projects (Attach Title Page)

S.No	Project Title	Funding Agency	Amount	Duration	As PI/ Co-PI	Present Status

16. FOREIGN LANGUAGES (Extent of Proficiency)

Language	Reading	Writing	Spoken

17. MEMBERSHIP OF LEARNED SOCIETIES (Name and nature of membership)	

18. <u>GIVE PARTICULARS OF EMPLOYMENT SINCE COMPLETION OF YOUR EDUCATION</u> (Adhoc/Temporary/Regular)

Post held	Where employed	Scale of pay	Last Pay	Dura	ation	To	tal Len	gth	Cause of leaving	Brief description of the job (Teaching/Research/ Administrative)	
				From	То	Υ	М	D		Administrative)	

19. COUNTRIES VISITED

Co	Country		Duration				Purpose		
			Fron	n	То		·		
				_		_			
			<u> </u>]				
. Do you	Do you posses all the qualifications mentioned in the advertisement? (Yes / No).								
. Minim	um pay	y acceptable	э						
. Have y	you su	ffered or suf	ffering an	y phy:	sical disabi	ility.	If yes, attach Medical Certificate.		
If you	are un	der liability t	to repay n	noney	≀ to any ins	tituti	ion or person, state the particulars.		
Have post?	you ol	otained the	explicit p	oermis	ssion of yo	our p	present employer to apply for this		
Write Record		and design	ation of y	our e	mployer w	/hom	n should write of your Confidential		
Time r	equire	d before joir	ning the p	ost_					
List of	all dod	cuments atta	ached wit	h the	application	ı			
					<u> </u>	1			
Bank	Draft A	Attached:							
Amo		Draft Nu	ımber		Date		Bank Name/Branch/City		
							,		

DECLARATION

I certify that the statement made by me in this application are true to the best of my knowledge and belief, and that I hold myself responsible for any discrepancy.

Date	Signature of the applicant