

EMPLOYMENT APPLICATION FORM
(Academic)

Affix your passport
size photograph

Note:

- I. The application form should be duly filled and signed by the applicant.
- II. Incomplete application will not be entertained.
- III. The information provided will be kept confidential.

Post applied for		Department	
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NAME (in block letters)			
Father's name			
Address: for correspondence			
Contact no.		Email ID	
Date of birth (DD.MM.YYYY)	CNIC no		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
You are seeking	<input type="checkbox"/> Full time <input type="checkbox"/> Visiting		
Current salary			
Expected salary			

For office use only

Board decision	

Approved salary	
Designation	
Department	

Rector _____	Pro-Rector (Academics) _____
Pro-Rector (Admin) _____	Dean _____
HoD/Principal _____	Registrar _____
HR Head _____	Deputy Chairman BoG _____
Chairman BoG _____	

Give particulars of all examinations passed and degrees/technical qualifications obtained, commence with reverse chronological order.

Sr.	University, college or board	Years attended		Degree/Certificate	Maximum marks	Obtained marks	Division/Grade
		From	To				

Professional trainings/certifications/others, (If any)

Sr.	Institute name	Type of training	Duration		Degree/Certification/Diploma obtained
			From	To	

Employment record/professional experience (In reverse chronological order please).

Sr.	Organization name	Position held	Contact no.	Duration		Salary	Reason of leaving
				From	To		

Research and publications, list the papers published in following format.

Sr.	Title	Year	Journal name	Volume no.	Page no.

International/national conferences, list the papers presented in following format.

Sr.	Conference	Date	Venue

Declaration

It is hereby certified that all information given in this application form is accurate and to the best of my knowledge, nothing relevant has been concealed. I understand that if I am hired, this application will become a part of my official employment record. I understand that any statements on this form which prove to be untrue or purposely misleading will render the application void. Furthermore if discrepancies are highlighted at a later stage University retains the right to withdraw any offer made or dismissal at any time without any notice. I authorize the University to contact educational institutions, previous employers and others to verify the accuracy of the information contained in this application. I hereby release the University from any liability as a result of such contact.

I have read, understood and by my signature, agreed with these statements.

Applicant signature _____

Date _____