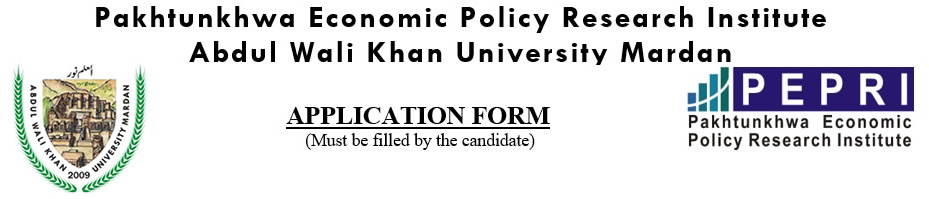
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**Advertisement No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Attach Three Attested Photographs

**POSITION APPLIED FOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field of Specialization:**

**NAME: F/NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: (dd/mm/yyyy) Age: (till the closing date)**

**Domicile/District: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_Marital Status: \_\_\_\_\_\_CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Distinction at University Level (Gold Medal, Silver Medal and Bronze Medal only): \_\_\_**

**Complete Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address if different from above:**

**ACADEMIC RECORD:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SR#** | **DEGREE/CERTIFICATE** | **MARKS OBTAINED** | **TOTAL MARKS** | **PERCENTAGE/ CGPA** | **Date of Obtaining Degree** | **Division or Grade** | **BOARD/INSTITUTION/ UNIVERSITY** |
|  | **Matriculation** |  |  |  |  |  |  |
|  | **Diploma/ Computer Certificate** |  |  |  |  |  |  |
|  | **Intermediate** |  |  |  |  |  |  |
|  | **Bachelors** |  |  |  |  |  |  |
|  | **Masters** |  |  |  |  |  |  |
|  | **M.Phil/ MS** |  |  |  |  |  |  |
|  | **PhD** |  |  |  |  |  |  |
|  | **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |

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

**EMPLOYMENT RECORD**

**Current Position (if Any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOC: Yes No**

**Total Experience: Years Months Days**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S#** | **Name of Institute / Organization** | **Period** | | **Total Period of Service** | | **Designation** | **BPS or pay Scale if Any** | **Job Description (Teaching / Research / Admin)** | **Nature of Job ( Permanent / Temporary/ Contract/ Fixed Pay, etc)** |
| **From** | **To** | **Years** | **Months** |
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*\* NOC is must for those applying through proper channel*

*\*Attach Experience Certificate of Employment*

**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 Project** | **Contribution to Project**  **(PI / Co. PI)** | **Funding/Sponsoring agency** | **Status of project**  **(Completed/Secured,etc)** | **Total cost of project** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*All documents relating to research project including approval and sponsor letter must be attached*

**DETAILS OF TRAININGS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S#** | **Name of Institution** | **Type of Training** | **Period** | | **Certificate or Diploma obtained** |
| **From** | **To** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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**INSTRUCTIONS**

1. Please fill each row and column in this proforma very carefully and no column be left blank.
2. If a row or a column is not relevant, write “Not Applicable” or "NA”.
3. Wherever necessary, use additional sheets for additional information.
4. All entries in this form preferably be typed.
5. Attested photocopies of all documents must be attached
6. Incomplete proforma will not be processed/entertained.

**DECLARATION**

I hereby declare that all the entries and information provided 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** |

**(FOR OFFICE USE ONLY)**

**NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F/NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR**:

**CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCRUTINY COMMITTEE**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Name & Designation** | **Status** | **Signatures** |
|  |  | Convener |  |
|  |  | Member |  |
|  |  | Member |  |
|  |  | Member |  |
| **Recommendations of the Scrutiny Committee** | | | |
| **(Tick the status√) Eligible / Ineligible** | | | |
| (Reason for ineligibility ): | | | |