



**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"/> Part time <input type="checkbox"/> Temporary		
Current salary			
Expected salary			

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	Total marks	Obtained marks	Division/CGPA
		From	To				

Professional trainings/certifications/others, (If any)

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

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

Sr.	Organization name	Position held	Contact no.	Duration		Salary	Total Number of Years
				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** \_\_\_\_\_

**For office use only****Board decision**

<b>Approved salary</b>	
<b>Designation</b>	
<b>Department</b>	

**Signed**

1. Principal/HOD/ Director \_\_\_\_\_
2. Dean of Faculty \_\_\_\_\_
3. Registrar \_\_\_\_\_
4. Rector \_\_\_\_\_
5. Chairman BOG \_\_\_\_\_
6. Others \_\_\_\_\_