

UNIVERSITY OF MIANWALI

University Road, Mianwali-42200, Pakistan

Application Form for Non-Teaching/Administrative Positions¹

Post Applied for		For Office Use Only Diary # Date
Name of the Candidate_ (Use BLOCK LETTERS) Father's Name_		Paste your most recent photograph here.
CNIC #	_	
Date of Birth		/ /) YY/MM /DD
Nationality	Religion	
Correspondence Address		
Permanent Address		
Email	Landline (Res.)	Cell
Bank's Demand Draft Number:	Date	Amount

¹ For BS-17 and above

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Degree/Certificate	University/Board ²	Subjects	Division/CGPA	Passing Year
Ph.D				
M. Phil				
MA/M.Sc./MBA				
BS (Hons.)				
BA/B.Sc.				
Intermediate				

SERVICE RECORD / PROFESSIONAL EXPERIENCE (Start with your most recent position) (Please attach extra sheet(s) if required)

A. Teaching Experience (if any)

Matriculation

Others

Institution	Position Held	Per	iod
		From	To

B. Industry Experience (if any)

Organization	Position Held	Pe	riod
		From	То

² Please mention the detail of affiliated College/Institute

C. Professional Trainings / Certifications / Others

Organization/Institution	Position Held	Per	riod
		From	To

RESEARCH SUPERVISION (Please attach extra sheet(s) if required)

Details related to Ph.D scholar(s) supervised

S. No.	Student's Name	Registration Number	Thesis Title	Year
1.				
2.				
3.				

Details related to M. Phil scholar(s) supervised

S. No.	Student's Name	Thesis Title	Year
1.			
2.			
3.			

RESEARCH PUBLICATIONS (Please attach extra sheet(s) if required)

S. No.	Complete Name of Journal and Address with ISSN (Print) No.	Publication	Vol. No., Issue No. & Page No.	Publication	Category	Impact	HEC Recognized (Yes/No)
1.							
2.							
3.							

National/International Conferences

S. No.	Name of Author (s)	Title of Paper	National/International	Venue	Date
1.					
2.					
3.					

Membership/Fellowship of Professional Bodies

S. No.	Name of the Organization	Nature of Membership	Offices Held
1.			
2.			
3.			

Foreign Visits: Official / Personal (starting from the recent one)

S. No.	Country	Dura	ation	Purpose of Visit
1.		From	То	
2.				
3.				

Are you suffering	ng from any physical disabilit	ev?			Yes /N
If yes, please sp					10571
Have you ever b If yes, please sp	peen convicted from any cour	t of law?			Yes /N
Is there any inqu If yes, please sp	uiry or disciplinary proceeding	g currently pendin	g against y	ou?	Yes /N
				y for this post?	
	erences (at least two)				
Professional Refe	,	Name of th		Contact Number	er &
rofessional Refe	erences (at least two)		e	T	er &
	erences (at least two)	Name of th	e	Contact Number	e r &
Professional Refe	erences (at least two)	Name of th Organizati	e	Contact Number	er &
Professional Refe	Designation	Name of th Organizati	e	Contact Number	er &
Name st of Documents	Designation S Attached (attested copies):	Name of th Organizati	e on (xi) (xii)	Contact Number	er &
Professional Refe	Designation S Attached (attested copies):	Name of th Organizati	e on (xi)	Contact Number	er &

Note: No TA/DA will be admissible for test/interview.

(x)

DECLARATION

(v)

I hereby solemnly declare that all the information given in this Application Form is true and correct to the best of my knowledge and belief. Moreover, the documents (testimonials, degrees, diplomas, experience certificates etc.) attached are valid and authentic.

I have read the instructions carefully and will be responsible if any discrepancy has been identified in the information / document provided by me at any stage of my employment.

Date:	Signature of the Applicant

Departmental Permission Certificate

a.	Name:	
	CNIC Number:	
b.	Father's Name:	
c.	Presently working as:	BPS / Grade:
d.	Office / Department:	
e.	Post applying for:	
		(Signature of the Candidate with date)
	To be filled by the Administrative Office:	
T	To be filled by the Administrative Office: It is certified that the above named employee is v	working in this organization / institution on regula
	To be filled by the Administrative Office: It is certified that the above named employee is work / contract / temporary/otherbasis The above named candidate has been granted per	working in this organization / institution on regula since
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•	To be filled by the Administrative Office: It is certified that the above named employee is well a contract / temporary/other	working in this organization / institution on regula since rmission to apply for the said post by the compete wali, he / she will be relieved of by the parent ase state the required time period in Months/Days) thinst the applicant. There are no adverse remarks