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



Paste your most recent photograph here.

(Use BLOCK LETTERS)

## Father’s Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CNIC #** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Date of Birth Age on closing date ( / / )**

**YY/MM /DD**

**Domicile Gender (M/F)**

**Nationality** \_ **Religion**

**Correspondence Address**

**Permanent Address**

**Email Landline (Res.) Cell**

**Bank’s Demand Draft Number: Date Amount**

1 For BS-17 and above

1



**ACADEMIC QUALIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree/Certificate** | **University/Board2** | **Subjects** | **Division/CGPA** | **Passing Year** |
| Ph.D |  |  |  |  |
| M. Phil |  |  |  |  |
| MA/M.Sc./MBA |  |  |  |  |
| BS (Hons.) |  |  |  |  |
| BA/B.Sc. |  |  |  |  |
| Intermediate |  |  |  |  |
| Matriculation |  |  |  |  |
| Others |  |  |  |  |



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

1. **Teaching Experience (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Position Held** | **Period** | |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
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1. **Industry Experience (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Position Held** | **Period** | |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

2 Please mention the detail of affiliated College/Institute

1. **Professional Trainings / Certifications / Others**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization/Institution** | **Position Held** | **Period** | |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
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**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.** | **Name of Author(s)** | **Complete Name of Journal and Address with ISSN (Print) No.** | **Title of Publication** | **Vol. No., Issue No. & Page No.** | **Year of Publication** | **HEC**  **Category W/X/Y/Z** | **ISI**  **Impact Factor** | **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** | **Duration** | | **Purpose of Visit** |
| 1. |  | **From** | **To** |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

* Are you applying on minority quota? Yes /No

If yes, please specify.

* Are you suffering from any physical disability? Yes /No If yes, please specify. (attach certificate)
* Have you ever been convicted from any court of law? Yes /No If yes, please specify.
* Is there any inquiry or disciplinary proceeding currently pending against you? Yes /No If yes, please specify.
* Have you obtained NOC / Permission from your present employer to apply for this post? Yes /No (If yes, please attach evidence).

## Professional References (at least two)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Name of the Organization** | **Contact Number & Email ID** |
|  |  |  |  |
|  |  |  |  |

**List of Documents Attached (attested copies):**

|  |  |  |
| --- | --- | --- |
| (i) | (vi) | (xi) |
| (ii) | (vii) | (xii) |
| (iii) | (viii) | (xiii) |
| (iv) | (ix) | (xiv) |
| (v) | (x) | (xv) |

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

**DECLARATION**

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

(To be submitted by the candidate, serving in Government, Semi-Government or Autonomous body)

1. Name:

CNIC Number:

1. Father’s Name:
2. Presently working as: BPS / Grade:
3. Office / Department:
4. Post applying for:

*(Signature of the Candidate with date)*

**------------------------------------------------------------------------------------**

# To be filled by the Administrative Office:

* It is certified that the above named employee is working in this organization / institution on regular

/ contract / temporary/other basis since .

* The above named candidate has been granted permission to apply for the said post by the competent authority of the parent organization.
* If the candidate is selected in University of Mianwali, he / she will be relieved of by the parent organization within .(Please state the required time period in Months/Days).
* There is no audit para / inquiry pending dues against the applicant. There are no adverse remarks against him / her in the last five years of his / her PERs /ACRs.

Ref#:

Dated:

Signature with Stamp of the Appointing

Authority or the Authorized Officer