



UNIVERSITY OF MIANWALI

APPLICATION FORM

(Visiting Faculty/ Part Time Teaching/ Teaching Assistant)

Passport Size
Photograph

POST APPLIED FOR :

Department/ Institute. Discipline _____ Session/Semester _____

Subject/ Course Applied for (Title With Code) 1. _____ 2. _____ 3. _____

PERSONAL DETAILS

Name (in block letters): _____

Father's Name (in block letters): _____

Date of Birth: _____ Age: _____ Gender: _____

Domicile: _____ Religion: _____ CNIC#: _____

Address: - 1 For Corresponding: _____

Residential Address: _____

Permanent Address: _____

E-Mail: _____ Telephone (Res): _____ Cell: _____

Marital Status: _____ Spouse Name: _____ Profession: _____

(Only for Fresh Applicant)

LANGUAGE PROFICIENCY

Language	Reading			Writing			Speaking		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									
Urdu									
Saraiki									

QUALIFICATION EDUCATION (Give particulars of all examination passed, degree and technical qualifications obtained from University or Other institution of higher or technical education.

Sr. No	Detail	Year	Marks/Total	%Age/CGPA	Subjects	Institution/ Board
1	Matriculation					
2	Intermediate					
3	Graduation					
4	Post- Graduation					
5	M.Phil					
6						
7						

RESEARCH

Give particular of all post graduate research work done. Mention name of institution and professor under whom guidance the research was completed.

Your Research Work

TEACHING EXPERIENCE / AMINISTRATIVE (if any)

Sr. No	Position	Responsibilities	Period	
			From	To
1				
2				

Declaration: I undertake to abide by the instructions/ guidelines and hereby declare that all the information provided by me is correct to the best of my knowledge. I understand that incorrect information found(if any) would render me ineligible for the position. The university reserve the right to reject/cancel my application without given any reason.

Application Date _____

Signature of Applicant _____

ATTACH PHOTOSTATE COPIES / DOCUMENTS DULY ATTESTED/ VERIFIED

Matric	Post-Graduation	CNIC		
Intermediate	Picture of Passport Size	Experience(if any)		
Graduation	Domicile			

REFERENCES

Sr. No	Name	Designation	Contact No	Email	Correspondence, Official Address
1.					

RECOMMENDATION BY THE CHAIRMAN/INCHARGE OF CONCERED DEAPRTMENT

Number of total programs to be taught during Spring / Fall Semester ____

Total workload distribution within teaching faculty during current semester spring /fall ____ as per following detail:

Post (Existing)	Regular No of Faculty	Workload Distribution						Remarks	
		Member(s) Working Vacant	Permanente Faculty		Contractual Faculty		Visiting(s)		
			Normal	Extra	Normal	Extra	Normal		Extra
Professor									
Associate Professor									
Assistant Professor									
Lecturer									
Teaching Assistant (Maximum 12 Cr H as per normal workload)									

Balance / available (workload) Courses / Classes _____ Cr. Hour _____

Total number of visiting faculty members required for own department and for other departments _____

Sr. No	Course Code	Course Title	Credit Hours
1			
2			
3			

a) For own department _____

b) For other department (if any) _____

Recommendation by the Chairman / Incharge about applicant: _____

Recommended / Not Recommended _____

Signature of Chairman/ Incharge with Stamp _____

RECOMMENDATION BY THE DEAN OF CONCERED FACULTY _____

Signature of Dean with Stamp _____