

16. Have you been employed (give particulars below):

Department	Dates		Reason of Leaving	Designation	BPS/ Private
	Joining	Leaving			

17. Any other relevant Qualification/ Experience.

18. Documents Checklist

- | | | | |
|----------|--------------------------|-----------|--------------------------|
| 1. _____ | <input type="checkbox"/> | 7. _____ | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | 8. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | 9. _____ | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> | 10. _____ | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> | 11. _____ | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> | 12. _____ | <input type="checkbox"/> |

DO NOT FORGET TO SIGN THE DECLARATION

IMPORTANT:

Please make sure before submitting this form that it is complete and the required documents are enclosed.

Incomplete forms will not be processed.

DECLARATION

I hereby declare that all the entries in this Application Form and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. If any information is found incorrect, I shall be liable for imposition of any penalty set out in the University Services (Efficiency and Discipline) statutes.

Dated: _____/_____/_____

Signature of Candidate

19. For the use of candidates who are already in Service.

Apply Through Proper Channel

(Certificate by the Head of Department)

No. _____

Date: _____

Certified that Mr./Ms. _____ working as
_____ against a temporary/permanent post of _____ in
BPS _____ under the Department _____ since
_____.

His/her Character roll/confidential reports will be sent if and when called for by the University. 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 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.

Official Seal: _____ **Recommended by:** _____
(Head of Department)

Date: _____

Designation: _____