

ACADEMIC QUALIFICATION

Degree/Certificate	University/Board ²	Subjects	Division/CGPA	Passing Year
Ph. D				
MS/M. Phil				
MA/M.Sc./MBA				
BS				
BA/B.Sc./ADA/ADS				
Intermediate				
Matriculation				

SERVICE RECORD (Start with your most recent position) (Please attach extra sheet(s) if required)**Post-PhD Teaching/Research Experience**

Institution	Position Held	Period	
		From	To

Pre-PhD Teaching/Research Experience

Institution	Position Held	Period	
		From	To

² Please mention the detail of affiliated College/Institute

Other Relevant Experience

Institution	Position Held	Period	
		From	To

Postdoctoral Fellowships

Institution	Position Held	Period	
		From	To

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

Details related to Ph.D scholar(s) supervised

Sr. No.	Student's Name	Registration Number	Thesis Title	Year
1.				
2.				
3.				
4.				

Details related to M. Phil scholar(s) supervised

Sr. No.	Student's Name	Thesis Title	Year
1.			
2.			
3.			
4.			
5.			

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

Sr. 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.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								

Book / Book Chapter written (if any)

Sr. No.	Title	Subject/Description	Publisher (if any)
1.			
2.			
3.			
4.			
5.			

Lab Manual (if any)

Sr. No.	Title/Topic	Subject/Description	Publisher (if any)
1.			
2.			
3.			
4.			
5.			

Patents acquired (if any)

Sr. No	Title/Topic	Subject/Description	Issuing Authority
1.			
2.			
3.			
4.			
5.			

National/ International Conferences

Sr. No.	Title	National/ International	Venue	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Membership/Fellowship of Professional Bodies

S. No.	Name of the Organization	Nature of Membership	Offices Held
1.			
2.			
3.			
4.			
5.			

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

S. No.	Country	Duration		Purpose of Visit
		From	To	
1.				
2.				
3.				
4.				

- 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):

- | | | | |
|-----------|--------------------------|-----------|--------------------------|
| 1. _____ | <input type="checkbox"/> | 11. _____ | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | 12. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | 13. _____ | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> | 14. _____ | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> | 15. _____ | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> | 16. _____ | <input type="checkbox"/> |
| 7. _____ | <input type="checkbox"/> | 17. _____ | <input type="checkbox"/> |
| 8. _____ | <input type="checkbox"/> | 18. _____ | <input type="checkbox"/> |
| 9. _____ | <input type="checkbox"/> | 19. _____ | <input type="checkbox"/> |
| 10. _____ | <input type="checkbox"/> | 20. _____ | <input type="checkbox"/> |

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)

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:

- 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