



Women University Swabi

Topi Road, Swabi

Phone No. (0938) 224222, Fax No. (0938) 221138

JOB APPLICATION FORM

Advertisement No. 6/2017

TO BE FILLED BY THE APPLICANT IN BLOCK CAPITALS

Affix four (03) most recent passport size photographs

Post Applied for: _____

A: PERSONAL

Name: _____ Father's Name: _____

Religion: _____ Date of birth _____ Age: _____

Domicile: _____ Marital Status: _____ CNIC #: _____

Correspondence / Postal Address: _____

Permanent Address: _____

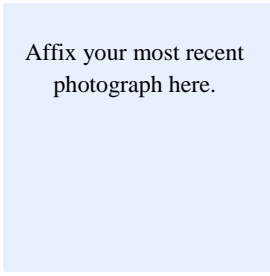
Email: _____ Telephone (Res). _____ Cell: _____

B: ACADEMIC QUALIFICATION

Level of Education	Institution of Board or University	Date of Obtaining Certificate /Degree	Academic Marks		Division or Grade	% age / CGPA	Major Subject (s)
			Obt.	Total			
Matriculation							
Intermediate							
Bachelor							
Master							
M.Phil / MS							
Ph.D							
Any Other							

DEPARTMENTAL PERMISSION CERTIFICATE FOR PERSON IN GOVERNMENT SERVICE

- (1) (a) Full Name of the advertised post: _____
- (b) Name of Department/Division/Ministry: _____
- (2) (i) Name of candidate: _____
- (ii) Father's Name: _____
- (iii) CNIC Number: _____
- (iv) Current Designation (BPS/TTS): _____
- (v) Present department with complete address: _____



(3) I have applied for the above post on the prescribed form separately. Departmental permission for submission of my application, may kindly be forwarded to the Deputy Registrar, Women University Swabi, closing date for receipt of application by the University is _____.



Dated: _____

Signature of the Applicant

(to be signed by head of the Department/Division/Ministry (Official stamp must be affixed))



Signature of the Official

Name of the Official: _____

Designation: _____

Department: _____

Address: _____

For office use only
RECOMMENDATIONS OF THE SCRUTINY COMMITTEE

Post Applied for: _____	Advertisement No. 6/2017
Name: _____ Father's Name: _____	

Please tick the relevant

Eligible OR **Not Eligible**

If the candidate is **Not Eligible** please state the reasons:

1. _____
2. _____
3. _____

Name of Evaluator:

- 1 **Name.**_____ **Signature**_____
- 2 **Name.**_____ **Signature**_____
- 3 **Name.**_____ **Signature**_____

HoD /HoS: _____