



Women University, Swabi

GulooDehri, Topi Road, Swabi

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

JOB APPLICATION FORM

Advertisement No.5/2018

TO BE FILLED BY THE APPLICANT IN BLOCK CAPITALS

Post Applied for: _____

Affix four (03) most recent passport size photographs

(I): PERSONAL

Name: _____ Father's Name: _____

Religion: _____ DOB: _____ Age: _____

Domicile: _____ Marital Status: _____ CNIC #: _____

Correspondence / Postal Address: _____

Permanent Address: _____

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

(II): Academic Background, Professional Training & Extra/ Co-curricular Activities

(a) **Academic Background** (Please start from highest qualification and go in descending order)

Degree/ Certificate held	Session		Year of Award	Field/ Subject	University/ Institute/ Board		Marks Detail		Grade/ Division/ CGPA
	FROM	TO			Institution Name	Country	Obtained	Total	

(b) Professional Training (Please start from most recent training and go in descending order)

Course	Diploma/Certificate	Field of study	Institution	Grade

(C) Extra/Co-curricular Activities/Hobbies/Interests (if any)

(III) **Employment History** (Please start from your recent job and go in descending order)

(a). Teaching

Name of Organization	Designation	Scale	Job Profile	Duration Time		
				Dates		Period
				From	To	YY-MM-DD
					__-__-__	
					__-__-__	
					__-__-__	
					__-__-__	
Total				____ YY, ____ MM, ____ DD		

(b) Industrial (if any)

Name of Organization	Designation	Scale	Job Profile	Duration Time		
				Dates		Period
				From	To	YY-MM-DD
					__-__-__	
					__-__-__	
					__-__-__	
					__-__-__	
Total				____ YY, ____ MM, ____ DD		
Total Experience (Teaching & Research)				Years	Months	Days

(IV) **Research Publications**

(Must include name of journal; year/volume of publication; page numbers; author(s); title)

(a) **National/ International Journal Papers**

Sr. #	Title of Publication	Complete Name of Journal and Address	Vol. No.	Page No.	Year	HEC approved (Yes/ No)	Impact Factor
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Please enclosed extra sheet if more than 15

(b) National/ International Conference Papers

Sr. #	Title of Publication	Conference	Year	Venue
1.				
2.				
3.				
4.				
5.				

Please enclosed extra sheet if more than 5

(c) Book/ Book Chapter Written (if any)

Sr. #	Title	Subject/ Description	Publisher (if any)
1.			
2.			
3.			
4.			
5.			

(d) Lab Manual (if any)

Sr. #	Title/ Topic	Subject/ Description	Publisher (if any)
1.			
2.			
3.			
4.			

(V) Reference:- Provide Two Academic/Professional References

Reference No: 1. Name_____ Position_____

Address_____

_____ Phone No_____

Email_____

Reference No: 2. Name_____ Position_____

Address_____

_____ Phone No_____

Email_____

By signing below and submitting this application form I, -----, confirm that the information I have provided is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information. Any misinformation would render me ineligible for the induction.

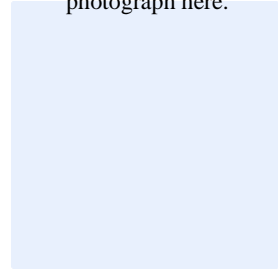


Date and Place: _____

Signature of the Applicant

DEPARTMENTAL PERMISSION CERTIFICATE FOR PERSON IN GOVERNMENT SERVICE

Affix your most recent photograph here.



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

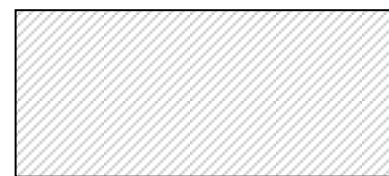
(3) I have applied for the above (_____) post on the prescribed form separately. Departmental permission for submission of my application, may kindly be forwarded to the Deputy Registrar, Women University Swabi, closing date for receipt of application by the University is _____.



Signature of the Applicant

Dated: _____

(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

Please tick the relevant

The candidate is **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**_____
- 4 **Name.**_____ **Signature**_____
- 5 **Name.**_____ **Signature**_____

Concerned Dean/Chairman: _____

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Application for the post of _____

The following documents are attached with the said application form:-

- Certificate & D.M.C. of Matric/O-Level
- Certificate & D.M.C. of Intermediate (F.A./I.Com./F.Sc./A-Level/other_____)
- Degree & D.M.C. of Graduation (B.A./B.Com./B.Sc./B.Sc.(Hons.)/other_____)
(if degree of B.Sc. (4/5 Years Program) not attached then Notification of Result should be provided along with D.M.C.)
- Degree & D.M.C. of Masters (M.A./M.Com./M.Sc./M.Sc.(Hons.)/other_____)
(if degree not attached then Notification of Result should be provided along with D.M.C.)
- Notification/Degree & D.M.C. of M.Phil. or MS
- Notification/Degree of Ph. D.
- No. of Experience Certificates (give details)

- List of Publications (if any) (Flagged copies of all publications with Title Page, Table of Content, Print Line Page)
- Copy of National Identity Card
- Three Recent Photographs (passport size)
- Bank Draft No. ----- of Rs. _____

Any other -----

Signature of the applicant

Name -----

Address: _____

Dated: _____