



# WOMEN UNIVERSITY, SWABI

URL: [www.wus.edu.pk](http://www.wus.edu.pk)

Sr. No: \_\_\_\_\_  
(For Office Use Only)

## JOB APPLICATION FORM FOR TEACHING POSITIONS

Paste 03  
recent  
passport  
size pictures

Advertisement No: \_\_\_\_\_

Post Applied for: \_\_\_\_\_

I. Personal Information		
1. Name (Block Letters):	2. Father's Name (Block Letters):	3. CNIC Number:
4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Domicile:	6. Place of Birth:
7. Permanent Address:		8. Present/Mailing Address:
9. Date of Birth (day/month/year):	10. Nationality:	11. Religion:
12. Phone (a) Residential (b) Official		13. Mobile Number:
14. E-mail address:		15. Marital Status:

II. Academic Qualification								
S#	DEGREE/ CERTIFICATE	Major/ Subjects	Board/ University	Year of Passing	Total Marks	Obtained Marks	Division/ Grade	Percentage
1.	Matriculation							
2.	Intermediate							
3.	Bachelors (14 years educ.)							
4.	Masters/ BS (16 years educ.)							
5.	M.Phil./MS							
6.	PhD							
7.	Post Doctorate							
8.	Any Other							

**III. Distinction (Awards/ Medals/Certificates with detail)**

--

**IV. Professional Qualification/Training/Certificates/Others;**

S#	Title of Training/ Course	Diploma/ Certificate	Field of Study	Institution	Grade / Division
1					
2					
3					
4					
5					

*\*Attach additional sheet if required*

**V. Employment Record (Start from current position)**

S#	Name of Institute/Organizatio n	Designation	BP S	Nature of Job (Permanent/Te mporary/Cont ract/Fixed Pay)	Job Description (Teaching / Research / Admin)	Duration Time		
						Dates		Period
						From	To	YY-MM-DD
1								__-__-__
2								__-__-__
3								__-__-__
4								__-__-__
5								__-__-__
6								__-__-__
7								__-__-__
<b>Total*</b>						<b>Years:</b>	<b>Months:</b>	<b>Days:</b>

*\*Total Experience till closing date of application. Attach additional sheet if required*

**VI. Research Publications****(a) National/ International Journal Papers**

S#	Name of Author (s)	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Vol. No. & Page No.	Category W/X/Y/Z	Year Published
1.						
2.						
3.						
4.						
5.						
6.						
7.						

**(b) Text Books / Chapters Written;**

S#	Title of Publication	Subject/Description	Publisher (if any)
1			
2			
3			
4			

**(C) Patents**

S#	Patent Number	National/International	Granted Year
1			
2			
3			
4			

*\*Attach additional sheet if required***VII. Research Projects**

S#	Title of Research Project	Contribution to Project (PI/ Co. PI)	Funding/ Sponsoring agency	Status of project (Completed/Secured etc)	Total cost of project
1					
2					

*\*All documents relating to research project including approval and sponsor letter(s) must be attached**\*Attach additional sheet if required*

**VIII. References (Academic/Professional)**

Reference-1	Reference-2

IX- Bank Draft / Receipt No.: \_\_\_\_\_ (Please attach in original)

Amount in PKR: \_\_\_\_\_

Date: \_\_\_\_\_

**Declaration:**

It is hereby certified that information given in this application form is correct and nothing relevant has been concealed.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**X- Check-List of testimonials attached:**

1. N.I.C
2. SSC (DMC/Transcript + Certificate)
3. FA/F.Sc (DMC/Transcript +Certificate)
4. BA/BSc (DMC/Transcript + Degree)
5. MS/MSc/BS (Transcript +Degree)
6. M.Phil/MS (Transcript +Degree)
7. PhD (Transcript + Degree)
8. List of Publications/ Research Papers
9. Experience Certificate(s)
10. NOC (for In-service candidate)
11. Other documents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Send Application Form to:**  
**Registrar**  
[apply2023@wus.edu.pk](mailto:apply2023@wus.edu.pk)  
Topi Road Main Campus Kotha  
Women University, Swabi  
Phone: 0938-221193 / 0938-221138

**Terms & Conditions**

- 1 Applicants should apply only on prescribed form available at University website: [www.wus.edu.pk](http://www.wus.edu.pk) applicants are required to visit the University's web page on regular basis for updates in the process.
- 2 A Bank draft in the name of Additional Treasurer, Women University, Swabi OR online deposit to Account No. **238739974** United Bank Limited, Swabi Branch (0323) of **for Professor and Associate Professor Rs. 10,000/-** Original Bank draft/online deposit slip, Attested photocopies of all DMCs, degrees, certificates, experience certificates, CNIC, (03) recent passport size photographs, must be attached with the Application Form.
- 3 Candidates serving in Government, Semi Government and Autonomous Bodies should process their applications through proper channel.
- 4 The University reserves the right to cancel the whole advertisement or not to fill any advertised post without mentioning any reason.
- 5 Contact number, Postal and Email addresses must be written clearly on the application form. Any change in contact detail must be reported immediately to the Registrar Office.
- 6 Candidates applying for more than one position should submit separate forms with all relevant copies and separate bank draft.
- 7 The University reserves the right to increase or decrease the number of position(s) depending upon the needs of various

Sections or not to fill any position.

- 8 Only short-listed candidates will be called for interview. University will not be held responsible for any delay at part of the courier/mail service provider.
- 9 Age relaxation (if any) may be allowed as per the Women University, Swabi Statutes-2018.
- 10 All applications must reach in soft and hard form to office of the undersigned on or before **March 12, 2023 at 04:00pm** **incomplete** applications or applications received after the due date will not be considered
- 11 No TA/DA will be given for attending the test/interview.

Errors and omissions, if any, will be rectified by the University.

**Registrar**  
**Women University, Swabi**  
**Phone: 0938-221193 / 0938-221138**

**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** \_\_\_\_\_

Concerned Dean/Chairman: \_\_\_\_\_