WOMEN UNIVERSITY, SWABI

URL: www.wus.edu.pk

JOB APPLICATION FORM FACULTY

Paste 04 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:	**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. Mobile Number: **Phone (a) Residential:** **(b) Official:**	**13: E-mail address:**
14. Marital Status:	**15. Relevant Professional Registration/License (if applicable):**
16. Current Employment Status: ☐ Employed ☐ Unemployed	**17. NOC/Permission Status (if applicable):**

II. Academic Qualification:

S. N	DEGREE/ CERTIFICATE	Major/ Subjects	Board/ University	Year of Passing	Total Marks/CGPA	Obtained Marks/CGPA	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.	Any Other							

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

S.N	Award/Distinction	Awarding Institution	Year	Details

IV. Professional Qualification/Training/Certificates/Others:

S N	Title of Training/ Course	Diploma/ Certificate	Field of Study	Institution	Grade / Division

**Attach additional sheet if required*

V. Research Publications / Journal Papers

S N	Author(s) / Author Position	Title of Publication	Journal Name / ISSN	Vol./Issue & Pages	HEC Category	Year	DOI/URL

**Attach additional sheet if required*

VI. Research Projects

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

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

VII. PROFESSIONAL REGISTRATION / LICENCE (WHERE APPLICABLE)

S.N	Registration/License	Issuing Body	Registration No.	Date of Registration	Validity

VIII. Employment Record (Start from current position)

SN	Name of Institute/Organization	Designation	BPS	Nature of Job (Permanent/Temporary/Contract/Fixed Pay)	Job Description (Teaching / Research / Admin)	Duration Time		
						Dates		Period
						From	To	YY-MM-DD
								___-___-___
								___-___-___
								___-___-___
								___-___-___
								___-___-___
					Total*	Years:_____	Months: _____	Days:

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

IX. References (Academic/Professional)

Reference-1	Reference-2

X- Bank Draft / Receipt No.: _____ (Please attach in original)

Amount in PKR: _____ Date: _____

XI. Declaration:

I hereby certify that the information provided in this application form and the documents attached herewith are true, complete and correct to the best of my knowledge. I understand that any false, misleading or concealed information may result in cancellation of my candidature/appointment. I further declare that I fulfil the eligibility requirements prescribed in the relevant advertisement and agree to abide by the rules, regulations and terms and conditions of Women University, Swabi.

Date: _____/_____/_____ **_____**
Signature of Applicant

XII- Checklist 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. Professional Registration/License ☐
12. Other documents: ☐

_____ ☐

_____ ☐

Please Send Application Form to:

Additional Registrar
Women University, Swabi
Main Campus Kotha
Khyber Pakhtunkhwa, Pakistan
Phone No. 0938-281889