WOMEN UNIVERSITY, SWABI

URL: www.wus.edu.pk

JOB APPLICATION FORM VISITING FACULTY

Paste 02 recent Passport Size Pictures

Advertisement No: _____

Department/Course/Subject(s) 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:		**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
1				
2				

IV. Research Publications / Journal Papers

SN	Author(s) / Author Position	Title of Publication	Journal Name / ISSN	Vol./Issue & Pages	HEC Category	Year	DOI/URL
1							
2							
3							
4							
5							

**Attach additional sheet if required*

V. PROFESSIONAL REGISTRATION / LICENCE (WHERE APPLICABLE)

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

VI. 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.*

VII. 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.

_____

Signature of Applicant