Received No.	

STAMP

Form No	
	UNIVERSITY OF POONCH RAWALAKOT

Note: Please Mark / Fill information as applicable Department:

1)	Personal	Information

Post Applied For:

Personal Information										
Name:										
Father's Name:										
Gender: (Please Tick)	Male)			Female	•				
Date of Birth: (DD-MM-YYYY)			Do	micile:					РНОТО	
Present Address										
Permanent Address:										
r emidnem Address.										
E-Mail:						Cell	#:			
CNIC #										

Academic Background:

- Please start from highest qualification and go in descending order.
- The candidates must attach Marks Obtained / Total Marks Certificate or Percentage Certificate of all Degrees, CGPA is not acceptable.
- Please attach the attested proof.

Degree / Certificate	Year of Award	Field/Discipline	Board / Institute	Marks Obtained	Total Marks	%age

(If required please use extra sheets)

3) **Employment History**

- Please start from most recent Job and go in descending order.
- Please attach the attested proof.

Post held	Name of Organization	Job Title	Pe	riod	[Duratio	n
(with pay scale)	Name of Organization	Job Title	From	То	YY	MM	DD
				Total Experience			

(If required please use extra sheets)

Research Publications (For Faculty Positions Only)

- Total numbers of Research Publications in HEC Recognized Journals: _
- Total number of Impact Factor Publications. _
- Please attach the list of Research Publications in HEC Recognized Journals separately according to the following format.

Sr.	Month-	Title of Paper	Complete Name of the	HEC Category	Vol.	Issue	Page	No.
No.	Year	Title of Faper	Journal	(W,X,Y,Ž)	No.	No.	From	To

	• Plea	ase attach the attested	l proof.	
Sr. No.	No. of Stude	ents	Degree / C	Course
6) Rese	• Mer	(For faculty position only completed Rase attach the attested	lesearch Project (not less than Rupees Or	(If required please use extra sheets ne Million).
Sr. No.		Title	Principal Investigator or Co-Principal Investigator	Net worth (Rupees in Million(s))
') <u>Natio</u>		onal Recognition in ase attach the attested	term of Award(s) / Medal(s):	(If required please use extra sheets
Sr. No.		Description		Awarded by
he infor	mation given a	above is correct to iable to be disqualifie		
The infor nisstatem	mation given a nent, I shall be I	iable to be disqualifi	ed. Date:	(If required please use extra sheet lief. In case of any concealment of fact signature of Applicant
The informisstatent	mation given a nent, I shall be I		Date:al References	lief. In case of any concealment of fact Signature of Applicant
nisstaten <u>Referenc</u> Refer	mation given a nent, I shall be I ee: Provide Two	iable to be disqualified Academic/Professional Name: Position:	Date:al References	lief. In case of any concealment of fact Signature of Applicant
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The informisstatem Reference Reference Reference	mation given an ent, I shall be I ent, I shall be I ent. Provide Two rence No. 1	Academic/Professional Name: Position: Address: Name: Position: Address:	Date:	Signature of Applicant one No. Direct to UPR Dated:

Dated:

Signature & Name of Concerned Officer:

POSTAL ADDRESS

Please fill in the following postal address slips in capital letters. Any change of address should be communicated immediately to the Office of the Registrar, University of Poonch Rawalakot.

ADDRESS SLIP (TO BE FILLED BY CANDIDATE)

Name of Applicant: Father's Name: Postal Address: Contact No. ADDRESS SLIP (TO BE FILLED BY CANDIDATE) Name of Applicant: Father's Name: Postal Address: Contact No. ADDRESS SLIP (TO BE FILLED BY CANDIDATE) Name of Applicant: Father's Name: Postal Address: Contact No. ADDRESS SLIP (TO BE FILLED BY CANDIDATE) Name of Applicant: Father's Name: Postal Address:

Contact No.