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| Job Application Form for BPS-17 & 18  **Rs. 2000/-**  **Form No. \_\_\_\_\_\_\_\_\_\_\_\_** | University_of_Poonch_logo.png | Received No. \_\_\_\_\_\_\_\_\_\_\_  STAMP |

## UNIVERSITY OF POONCH RAWALAKOT

## Note: Please Mark / Fill information as applicable

|  |  |  |  |
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| Post Applied For: |  | Department: |  |

## Personal Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | | | | | | |
| Father’s Name: |  | | | | | | | | | | | | | | | | | ***PHOTO*** | | | |
| Gender: (Please Tick) | Male | |  | | | | | Female | | | |  | | | | | |
| Date of Birth: (DD-MM-YYYY) |  | | | | | Domicile: | |  | | | | | | | | | |
| Present Address |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Permanent 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** |
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**(If required please use extra sheets)**

## Employment History

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Post held**  **(with pay scale)** | **Name of Organization** | **Job Title** | **Period** | | **Duration** | | |
| **From** | **To** | **YY** | **MM** | **DD** |
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| **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. No.** | **Month-Year** | **Title of Paper** | **Complete Name of the Journal** | **HEC Category (W,X,Y,Z)** | **Vol. No.** | **Issue No.** | **Page No.** | |
| **From** | **To** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**(If required please use extra sheets)**

## Supervision-MS / M.Phil. / Ph.D. (For faculty positions only):

* Please attach the attested proof.

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **No. of Students** | **Degree / Course** |
|  |  |  |
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**(If required please use extra sheets)**

## Research Grant(s) (For faculty positions only):

* Mention only completed Research Project (not less than Rupees One Million).
* Please attach the attested proof.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Title** | **Principal Investigator or**  **Co-Principal Investigator** | **Net worth (Rupees in Million(s))** |
|  |  |  |  |
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**(If required please use extra sheets)**

## National / International Recognition in term of Award(s) / Medal(s):

* Please attach the attested proof.

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Description** | **Awarded by** |
|  |  |  |
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**(If required please use extra sheets)**

**Declaration:**

The information given above is correct to the best of my knowledge and belief. In case of any concealment of fact or misstatement, I shall be liable to be disqualified.

**Date: Signature of Applicant**

**Reference:** Provide Two Academic/Professional References

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference No. 1** | **Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Position:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | **Phone No.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reference No. 2** | **Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Position:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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|  |  | **Phone No.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| Through Proper Channel |  | Direct to UPR |  |

**FOR OFFICE USE ONLY**

Application Received by: Dated:

Checked by: Dated:

Short Listed Not Short Listed If not, reasons(s)

Signature & Name of Concerned Officer: Dated:

**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.