Grade 17 & Above: Rs. /- per form No.

**UNIVERSITY OF POONCH RAWALAKOT**

**Job Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Post Applied For: |  | Subject / Department: |   |

*Note:Please Mark / Fill information as applicable.*

Photo

1. **Personal Information:**

|  |  |
| --- | --- |
| Name: |  |
| Father’s Name: |  |
| Gender: (Please Tick) |  Male Female |
| Date of Birth: |  | Domicile: |  |
| Postal Address |  |
|  |
| Permanent Address |  |
|  |
| E-mail: |  | Personal Contact #: |  |
| CNIC #: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **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.

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| --- | --- | --- | --- | --- | --- | --- |
| **Degree / Certificate** | **Year of Award** | **Field/Discipline** | **Board / Institute** | **Marks Obtained**  | **Total Marks** | **%age** |
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**(If required please use extra sheets)**

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

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| --- | --- | --- | --- | --- |
| **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)**

1. **Research Publications (For Faculty Positions Only)**
* Total numbers of Research Publications in HEC Recognized Journals:\_\_\_**04**\_\_\_\_\_\_
* Total number of Impact Factor Publications. \_\_\_\_**04**\_\_\_\_\_
* Please attach the list of Research Publications in HEC Recognized Journals separately according to the following format. **(List Attached)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)**

1. **Supervision-MS / M.Phil. / Ph.D. (For faculty positions only):**
* Please attach the attested proof.

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

1. **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)** |
|  |  |  |  |
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**(If required please use extra sheets)**

1. **National / International Recognition in term of Award(s) / Medal(s):**
* Please attach the attested proof.

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| --- | --- | --- |
| **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.

Dated: **Signature of Applicant**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Registrar, University of Poonch Rawlakot.

**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:

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