Form No. _

Post Applied For:

Received No.	
Received ino.	

STAMP

UNIVERSITY OF POONCH RAWALAKOT

Note: Please Mark / Fill information as applicable

Department:

1) Personal Informati	<u>ion</u>	•	
Name:			
			1

Father's Name:

Gender: (Please Tick) Male Female

Date of Birth: (DD-MM-YYYY) Domicile: PHOTO

Permanent Address:

 Permanent Address:
 Cell #:

 CNIC #:
 Image: Color of the color of the

2) 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	Peri	od		Ouratio	n
Post held (with pay scale)	Name of Organization	Job Title	From	То	YY	MM	DD
				Total Experience			

(If required please use extra sheets)

4) 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	То

Sr. No. No. of Stu		=	
	idents	Degree /	Course
• 1	s) (For faculty position Mention only completed Representation of the street of the st	lesearch Project (not less than Rupees	(If required please use extra sheet) One Million).
Sr. No.	Title	Principal Investigator or Co-Principal Investigator	Net worth (Rupees in Million(s))
	ational Recognition in	term of Award(s) / Medal(s):	(If required please use extra shee
Sr. No.	Description		Awarded by
			(If required please use extra she
eclaration: he information given a shall be liable to be d		pest of my knowledge and belief. In c	ase of any concealment of fact or misstatem
- -		Data	Cinnature of Applica
: <u>eterence:</u> Provide Tv	wo Academic/Professiona	Date:	Signature of Applica
eference: Provide Tv Reference No. 1	wo Academic/Professiona Name: Position: Address:	al References	Signature of Applica
	Name: Position: Address: Name:	al References	
Reference No. 1	Name: Position: Address:	al References	
Reference No. 1	Name: Position: Address: Name: Position:	al References	Phone No.
Reference No. 1	Name: Position: Address: Name: Position:	al References	Phone No
Reference No. 1 Reference No. 2	Name: Position: Address: Name: Position: Address:	al References F	Phone No. Direct to UPR
Reference No. 1 Reference No. 2	Name: Position: Address: Name: Position: Address:	Al References F Through Proper Channel	Phone No

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.