

Form No					and the second						S	STAMP	
	UN	IVERSI	TY OF	POO	NC	H RA	WA	L	AKO'	Г			
		Note	Please Mar	k / Fill info	ormatio	on as app	licable						
Post Applied For:	t Applied For: Department:												
1) Personal Inform	nation												
Name:													
Father's Name:													
Gender: (Please Tick)		Male				Female							
Date of Birth: (DD-MM-YYYY)				Domicile):					рното			
Present Address													
Permanent Addres	SS:												
E-Mail:		Cell #:											
CNIC #:													
(2) Academic Bac (Attach Attested Photocop				go in descer	nding or	der)							
Degree Held Year of Aw		of Award	of Award Field			Institution					Grade/Div		
(2) Employment U	ictory (DL	and Start from	n most roos	nt loh o	nd aa	in doco	andina	ord	ar)				

(3) <u>Employment History</u> (Please Start from most recent Job and go in descending order)

	Post held with Pay Scale		Period				
Name of Organization		Job Profile	From	То			

Through Proper Channel Direct to UPR (4) Route of Application (Please Tick) (5) <u>References</u> Provide Two Academic/Professional References

Peference No. 1 Name

Reference No. 1 Name	Position
Address:	Phone No
Reference No. 2 Name	Position
Address:	Phone No

By signing below and submitting this application form I,_____ _confirm that the information I have provided is accurate to the best of my knowledge and that I authorized you to contact the references provided above for further information.

Date	ed_
------	-----

Signature of Applicant_____

(6) <u>Certified from the Employer</u>	
Certified that Mr./Ms order to enable him/her to join the post	is selected for the post, he/she will be relieved in the University of Poonch Rawalakot.
Signature:	Name:
Date	Official Seal:
	FOR OFFICE USE
Application Received by:	Dated
Checked by:	Dated
Short Listed Not Short Listed	If not, reason(s)

Signature & Name of Dealing Officer_____

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.	
-	