



BACHA KHAN UNIVERSITY, CHARSADDA

Photo

APPLICATION FORM

Position applied for: _____

Name: _____ F/Name: _____

Date of Birth: _____ Age: _____ Religion _____

Domicile/District: _____ Contact No: _____

CNIC No: _____ Physical Disability (if any) _____

Distinctions if any: _____ (Gold Medal, Silver Medal Etc)

Mailing Address: _____

Permanent Address: _____

References (other than relatives)

Name _____ Position _____ Mobile No. _____

S.No	Degree/Certificate	Marks Obtain	Total Marks	Percentage	Passing Year	Board/Institution/University
1						
2						
3						
4						
5						
6						

Documents must be attached

CURRENT EMPLOYMENT RECORD (If Any)

S#	Name of Institute / Organization	Designation	BPS/Scale	W.e.f	Upto	Nature of Job (Permanent / Temporary / Contract / Fixed Pay, etc)
1						

Total Experience:

Years: _____ Months: _____ Days: _____

OTHERS EXPERIENCE DETAILS

(Separate page can be attached if needed)

Experience Certificates must be attached duly attested by the gazetted officer.

Those already in Government services should apply through proper channel, or attached Departmental NOC and Experience Certificate duly issued by the Competent Authority.

INSTRUCTIONS

- (a) Please fill each row and column in this proforma very carefully and no column should be left blank.
- (b) "Not Applicable" or "NA" should be mentioned where necessary (in case the information is not available/relevant).
- (c) Wherever necessary, use additional sheets for additional information.
- (d) All entries in this form should be typed or written clearly.
- (e) Attested photocopies of all documents must be attached
- (f) Incomplete proforma will not be entertained.

DECLARATION

I hereby declare that all the entries in this proforma and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand and accept that any misrepresentation or concealment of the facts will entail rejection of my application or dismissal from service, at any time, when applicable.

Dated : _____

Signature of applicant

CNIC _____
