BACHA KHAN UNIVERSITY, CHARSADDA

APPLICATION FORM

Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy) Age: \_\_\_\_\_\_\_\_\_\_\_ (As per matric certificate)

Domicile/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distinctions if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Gold Medal, Silver Medal Etc)

**BACHA KHAN UNIVERSITY, CHARSADDA**

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Position, if any (Permanent/Contract etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please mention the name of institution)

References (other than relatives)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Marks must be mentioned.

Experience

|  |
| --- |
| (Separate page can be attached if needed) |

Experience Certificates/ duly attested by the Gazetted Officer.

Signature of Candidate Date

CURRENT EMPLOYMENT RECORD (If Any)

Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S No | Organization | BPS or Scale | w.e.f. | To | Contract/Permanent |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\** NOC is must for those applying through proper channel

\*Attach Experience Certificate of Employment

INSTRUCTIONS

1. Please fill each row and column in this proforma very carefully and no column should be left blank.
2. “Not Applicable” or "NA” should be mentioned where necessary (in case the information is not available/relevant).
3. Wherever necessary, use additional sheets for additional information.
4. All entries in this form should be typed or written clearly.
5. Attested photocopies of all documents must be attached
6. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |