

**INFORMATION REQUIRED BY THE HEC FOR EMDORSEMENT OF FACULTY APPOINTMENTS
UNDER TENURE TRACK STATUTES**

(To be filled by the Applicant)

Terminal (final) Qualification: _____ Year: _____ Subject: _____ Name and Address of the Institute awarding this terminal degree: _____	Passport size photograph
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Name (in block letters): _____ Father's Name(in block letters): _____
Address: i. Name and Address of the Institution Applying for: _____ ii. Address for Correspondence: _____ iii. Permanent Address: _____ iv. Email: _____ v. Telephone (Res.): _____ Cell: _____

Date of Birth: ___ / ___ / ___ (D/M/Y). Age: ___ / ___ / ___ (D/M/Y)		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Nationality:</td> <td style="width: 50%; border: none;">National ID:</td> </tr> </table>	Nationality:	National ID:
Nationality:	National ID:	
Post PhD Experience (D/M/Y): _____ Pre PhD Experience (D/M/Y): _____ Total Exp. (D/M/Y): - _____		
Position applied for (Tick one): <input type="checkbox"/> Assistant Professor. <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor		
My PhD thesis was evaluated by (Name, Institution, and Place) * : i) Name: _____ Institution: _____ Country: _____ ii) Name: _____ Institution: _____ Country: _____ iii) Name: _____ Institution: _____ Country: _____		
Declaration: I Dr /Mr. / Ms. _____ hereby solemnly declare that all the entries / information provided by me for appointment under TTS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled. Date: _____ / _____ / _____. Signature: _____		

*This information needs to be provided only by those candidates who are applying for the post of Assistant Professor having a PhD Degree from Pakistan.

A - List of Publications in Journals Having IF (Impact Factor)*

(To be filled by the Applicant)

S. #	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of the Publication	Vol. No. & Page No.	Year published	Impact Factor

(Please attach separate list on the same format, if, required)

*For all Science Disciplines publications only in impact Factor (IF) Journals are acceptable for appointment under TTS. Impact Factor (IF) of a particular journal can be checked from <http://www.isiknowledge.com>

<p>Declaration: I Dr /Mr. / Ms. _____ hereby solemnly declare that all the entries / information provided by me for appointment under TTS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.</p> <p>Date: ____ / ____ / ____ . Signature: _____</p>

TTS cases will not be processed, if the Proformae and Certificate are not properly filled in typed form.

**B - List of Publications in Journals recognized* by the HEC for the purpose of
TTS Appointments in Social Sciences Only**

(To be filled by the Applicant)

Sr. No.	Name of Author	Name of Journal with ISSN (print) No. / ISBN No. / other contributions that come under defined categories.	Categorized by HEC as W /X/Y/Z **	Vol. No. & Page No.	Title of the Publication / others	Years published

(Please attach separate list on the same format, if, required)
 * Journals recognized by the Higher Education Commission (HEC), for the purpose of TTS appointment. For details you may visit ‘HEC Recognized Journals’ on the website of the HEC: <http://www.hec.gov.pk>
 **HEC website may be visited for details about the categorization of Journals and their applications. Also for equivalence of book etc. to publication in recognized Journals, HEC website under ‘Academic Division’ may please be visited.

Declaration:

I Dr /Mr. / Ms. _____ hereby solemnly declare that all the entries / information provided by me for appointment under TTS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

Date: _____ / _____ / _____ .Signature: _____