

**Faculty
Job Application Form**

COMSATS UNIVERSITY ISLAMABAD



Islamabad	Lahore	Abbottabad	Wah	Attock	Sahiwal	Virtual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Name _____

Post applied for _____

Department _____

Note: Please mark/fill information as applicable

(I) Personal Information

Affix a recent
Photograph
(*passport size*)

Name	
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Father's Name	
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Gender	<table border="1"><tr><td>MALE</td><td></td></tr></table>	MALE		<table border="1"><tr><td>FEMALE</td><td></td></tr></table>	FEMALE	
MALE						
FEMALE						

Date of Birth	____-____-____	Age	____ Years, ____ Month(s) & ____ day(s)
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CNIC No. (copy may also be attached)						-										-
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Marital Status		Blood Group	
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Nationality		Domicile <small>(copy may also be attached)</small>	
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Highest Qualification		Passing Year	
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PEC Reg. No. (<i>if applicable</i>)		NTS-GAT (Subject) <small>(copy may also be attached)</small>	
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Present/ Postal Address	

Permanent Address	

Mobile No.	
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Phone No. (Residence)	
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E-Mail	
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(II) Academic Background, Professional Training & Extra/ Co-curricular Activities

(a) **Academic Background** (Please start from highest qualification and go in descending order)

Degree/ Certificate held	Session		Year of Award	Field/ Subject	University/ Institute/ Board		Marks Detail		Grade/ Division/ CGPA
	FROM	TO			Institution Name	Country	Obtained	Total	

(b) **Professional Training** (Please start from most recent training and go in descending order)

Course	Diploma/Certificate	Field of study	Institution	Grade

(c) **Extra/Co-curricular Activities/Hobbies/Interests** (if any)

(III) **Employment History** (Please start from your recent job and go in descending order)

(a) **Teaching**

Name of Organization	Designation	Scale	Job Profile	Duration Time		
				Dates		Period
				From	To	YY-MM-DD
						__-__-__
						__-__-__
						__-__-__
						__-__-__
Total				__ YY, __ MM, __ DD		

(b) **Industrial** (if any)

Name of Organization	Designation	Scale	Job Profile	Duration Time		
				Dates		Period
				From	To	YY-MM-DD
						__-__-__
						__-__-__
						__-__-__
						__-__-__
Total				__ YY, __ MM, __ DD		

Total Experience (Teaching & Industrial)	Years	Months	Days

(IV) Research Publications

(Must include name of journal; year/volume of publication; page numbers; author(s); title)

(a) National/ International Journal Papers

Sr. #	Title of Publication	Complete Name of Journal and Address	Vol. No.	Page No.	Year	HEC approved (Yes/ No)	Impact Factor
1.							
2.							
3.							
4.							

(b) National/ International Conference Papers

Sr. #	Title of Publication	Conference	Year	Venue
1.				
2.				
3.				
4.				

(c) Book/ Book Chapter Written (if any)

Sr. #	Title	Subject/ Description	Publisher (if any)
1.			
2.			
3.			

(d) Lab Manual (if any)

Sr. #	Title/ Topic	Subject/ Description	Publisher (if any)
1.			
2.			
3.			

(V) **Reference:-** Provide Two Academic/Professional References

Reference No: 1. Name _____ Position _____
Address _____
_____ Phone No _____
Email _____

Reference No: 2. Name _____ Position _____
Address _____
_____ Phone No _____
Email _____

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 authorize you to contact the references provided above for further information.

Date _____

Signature of the Applicant

FOR OFFICE USE

Application Received by: _____ Date _____

Checked by: _____ Date _____

Short Listed Not Short Listed if not, reason(s) _____

Signature & Name of Dealing Officer _____

Date _____