



APPLICATION FORM

FOR ABSORPTION OF TEACHERS IN GHAZI UNIVERSITY

1. The application from teachers of the defunct Postgraduate College for Boys, Dera Ghazi Khan duly completed should be returned to the Deputy Registrar (General), the Ghazi University, D. G. Khan, not later than the prescribed date.
2. Please answer each question clearly and completely. The application must be signed by the applicant.
3. Use additional sheets, if necessary.
4. Attested copies of Certificates should be submitted with the application.

Subject/Field _____

Post applied for _____

1. **NAME (in English Block letters):** _____
(in Urdu): _____
2. **MARITAL STATUS:** _____
3. **SEX (Male/Female)** _____
4. **FATHER'S NAME (in English Block letters):** _____
(in Urdu): _____
5. **NATIONAL IDENTITY CARD No.**

| | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|
| | | | | | - | | | | | | | | - | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|
6. **ADDRESS:**
 - i) Postal address.....:
 - ii) Present home address:
 - iii) Permanent home address:
7. **Email:** _____
7. **Telephone: (Res.)** _____ **Mobile:** _____
8. **Present Position:** _____ **Department:** _____
9. **DATE OF BIRTH:** _____
10. **RELIGION :** _____

11. NATIONALITY : (a) Self _____ (b) Spouse _____

12. DOMICILE: (a) DISTRICT: _____ (b) PROVINCE: _____

13. EDUCATION :- (Given particulars of all Examinations passed and degrees and technical qualifications obtained at a University. Commence with Matriculation or equivalent examination.)

| S. No. | Institute Attended | Years Attended | | Examination passed with year | Division / Grade/ Distinction (if any) | Marks | | Main Subjects |
|--------|--------------------|----------------|----|------------------------------|----------------------------------------|---------------|----------------|---------------|
| | | From | To | | | Maximum Marks | Marks obtained | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

14. OTHER FORMAL TRAINING OR EDUCATION:

| Name & Place | Certificate/Diploma | Years Attended | |
|--------------|---------------------|----------------|----|
| | | From | To |
| | | | |

15. TITLE OF THESIS:

- i) M.A./M.Sc.....
-
- ii) M.Phil.
-
- iii) Ph.D.....
-

16. NO. OF STUDENTS SUPERVISED:

- M. PHIL.
- Ph. D.

17. LIST OF RESEARCH PAPERS PUBLISHED IN RESEARCH JOURNALS:

| Research paper | Name of journal | Date of publication |
|----------------|-----------------|---------------------|
| | | |

18. COURSES TAUGHT (During last three years)

| Course No. / Title | Year | Independent | Joint |
|--------------------|------|-------------|-------|
| | | | |
| | | | |
| | | | |

19. RESEARCH (Give particulars of all the research completed)

| Title of research | Period | | Professor | Institution |
|-------------------|--------|----|-----------|-------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |

20. EMPLOYMENT RECORD: - Starting with your present post put in reverse order, every employment and any significant experience which you believe will be helpful in evaluating your records.

| Date | | Designation | BPS | (i) Description of work/duties. (ii) In the case of a teaching post, state level of teaching (Whether under-graduate or post graduate). |
|------|----|-------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|
| From | To | | | |
| | | | | |

21. LANGUAGES:

| Language | Read | | | Write | | | Speak | | | Diploma or Certificate obtained |
|----------|-----------|------|------|-----------|------|------|-----------|------|------|---------------------------------|
| | Excellent | Good | Fair | Excellent | Good | Fair | Excellent | Good | Fair | |
| | | | | | | | | | | |

22. MEMBERSHIP OF LEARNED SOCIETIES (Name and nature of membership)

23. COUNTRIES VISITED: -

| Name | Date | Duration | Purpose of Visit |
|------|------|----------|------------------|
| | | | |

24. REFERENCES: -

- a)
-
-
- b)
-
-

DECLARATION

I certify that the statement made by me in this application are true to the best of my knowledge and belief, and that I hold myself responsible for any discrepancy.

Date_____

Signature of the applicant