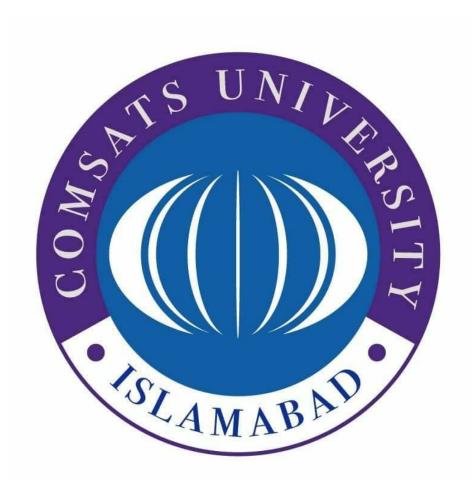
Faculty Job Application Form

COMSATS UNIVERSITY ISLAMABAD



Islamabad	Lahore	Abbottabad	Wah	Attock	Sahiwal	Virtual
	Appl	icant Name				
	Post	applied for				
	D	epartment				
	Note: I	Please mark/fil	ll informati	on as applic	able	

Personal Information	<u>n</u>			Affix a recent
Name				Photograph (passport size)
Father's Name				
Gender	MALE		FEMALI	EE
Date of Birth		Age	Years,M	onth(s) &da
CNIC No. (copy may also be attached)				-
Marital Status			Blood Group	
Nationality			Domicile (copy may also be attached)	
Highest Qualification			Passing Year	
PEC Reg. No. (if applicable)			NTS-GAT (Subject) (copy may also be attached)	
Present/ Postal Address				
Permanent Address				
Mobile No.				
Phone No. (Residence)				
E-Mail				

(II) Academic Background, Professional Training & Extra/ Co-curricular Activities

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

Degree/ Certificate	Sess	sion	Year of	Field/	University/ Ins Board	titute/	Marks	Detail	Grade/ Division/
held	FROM	TO	Award	Subject	Institution Name	Country	Obtained	Total	CGPA
						1			
						1			
						1			

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

Course	Diploma/Certificate	Field of study	Institution	Grade

(c)	(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**

					Durati	on Time
Name of				Dat	tes	Period
Organization	Designation	Scale	Job Profile	From	To	YY-MM-DD
Total					YY,	MM,DD

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

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

Total Experience	Years	Months	Days
(Teaching & Industrial)			

(IV) Research Publications

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

(a) <u>National/International Journal Papers</u>

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) <u>National/International Conference Papers</u>

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

(c) <u>Book/ Book Chapter Written</u> (if any)

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

(d) <u>Lab Manual (if any)</u>

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

Reference No:	1. Name	Position
Address		
		Phone No
Email		
Reference No:	2. Name	Position
Address		
		Phone No
Email		
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confirm that the infor	mation I have provided act the references provid	is accurate to the best of my knowledge and that I
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Date	mation I have provided act the references provided	signature of the Applicant ROFFICE USE Date Date