

## Quaid-i- Azam University, Islamabad Application Form

## APPLICATION FOR THE POST OF

| Place Recent |
|--------------|
| Photograph   |

## **Instructions:**

1. Use Capital Letters and Tick the relevant block/column where required.

| <ul><li>3. Attach Original Bar</li><li>4. Relevant quota for e</li></ul> | ocopies of Relevant Testin<br>nk Draft / Postal Order<br>each post clearly menti<br>m can only be used for | of Application proconed.   | essing Fee for each por                      |                                     |  |  |  |
|--|--|----------------------------|--|-------------------------------------|--|--|--|
| 6. The applicants alrea  |  | emi Govt./Autonom          |  | apply through proper channel as the |  |  |  |
| Fee Paid Rs.   | <u>/-</u> Throu  | . <u>Dated:-</u> .         |  |                                     |  |  |  |
| Please tick in the   | relevant block ind   | licating your pla          | acement Regional                             | /Provincial Quota:                  |  |  |  |
| Merit Punjab [   | Sindh (U)  | Sindh (R)  K               | PK Baluchistan                               | ☐ FATA/FANA ☐ AJK ☐                 |  |  |  |
| I. Personal Inform   | nation   |                            |  |                                     |  |  |  |
| 1. Name:   |  | 2. Father's N              | ame:   | 3. CNIC #:                          |  |  |  |
| 4. Gender  Male Female   | е  |                            | ndicating region/<br>crict and Nationality): | 6. Date of Birth (day/month/year):  |  |  |  |
| 7. Permanent Address   | :  |                            | 8. Present Address:                          |                                     |  |  |  |
| 9. Personal Contacts : a) Phone and Area Code-Number:                    |  |                            | b) Cell # c) E-mail address:                 |                                     |  |  |  |
| 10.Religion:   |  |                            | 11. Marital Status:                          |                                     |  |  |  |
|  | kground/Qualifica  |                            | rom Highest Degi                             |                                     |  |  |  |
| Degree/Certificate   | Session/Year   | Subjects/Field<br>of Study | Marks%/<br>Division Grade /<br>CGPA          | Board/University                    |  |  |  |
|  |  |                            |  |                                     |  |  |  |

| III. Provide details                     | of Professio | onal training, Course/Dip | lomas/Worksh                      | ops/Certific                | ates etc.                   |   |
|--|--------------|---------------------------|-----------------------------------|-----------------------------|-----------------------------|---|
| Workshop/Certificate/ Course<br>/Diploma |              | Field of Study/Training   | Duration                          |                             | Institution                 |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
| IV Elaw-and                              | II:store (6  | Stanting from magazi      | 4 masitian)                       | ·                           |                             |   |
| IV. Employment History (  Post Held BPS  |              | Name of Institution       | t position) Period                |                             |                             | Job Profile / Salient   |
|  | or<br>SPS    |                           | From                              | То                          | Total                       | Assignments   |
|  | 515          |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
| Grant Total experience                   | e:           |                           |                                   |                             |                             |   |
| V. References                            |              |                           |                                   |                             |                             |   |
| 1. Provide a list of tw                  | o academic   | /professional references  |                                   |                             |                             |   |
| Reference-1                              |              |                           | Reference-2                       |                             |                             |   |
| 1. Name:                                 |              |                           | 1. Name:                          |                             |                             |   |
| 2. Position:                             |              |                           | 2. Position:                      |                             |                             |   |
| 3. Official Address:                     |              |                           | 3. Official Address:              |                             |                             |   |
| 4. Official Phone #:                     |              |                           | 4. Official Phone #:              |                             |                             |   |
| 5. E-mail:                               |              |                           | 5. E-mail                         |                             |                             |   |
| from the above refer                     | rences or by |                           | est of my know<br>urces. In case, | vledge and be<br>any inform | elief and th<br>ation is pr | omit the above application and<br>at I authorize you to verify it<br>oved completely or partially |
| Date:                                    |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |
|  |              |                           |                                   |                             |                             |   |