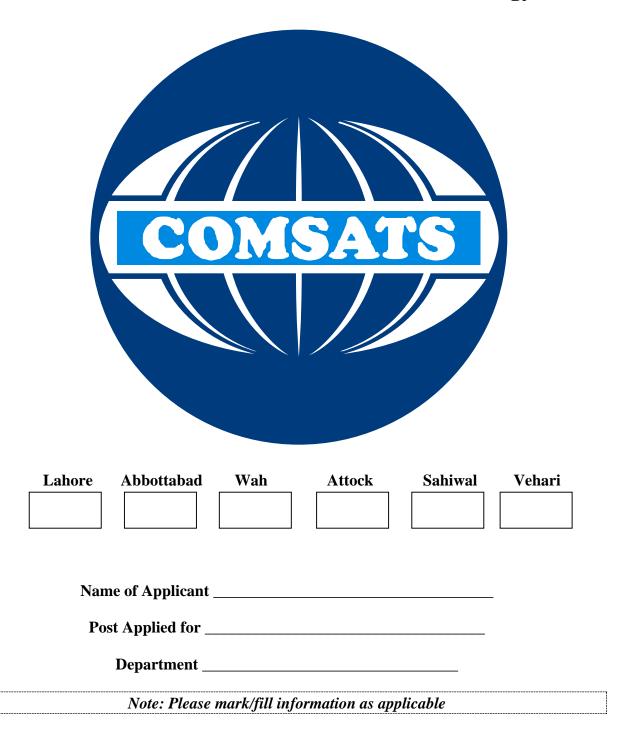
Job Application Form for Faculty Positions

COMSATS Institute of Information Technology



										1	∭ F	Phot	3 recent ographs
Name										_	(p	assp	port size)
Father's Name													
Gender		MA	A LE	,				FEM	ALE				
	T		-										1
Date of Birth				Age (on closing date)			_Years,		Mor	nth(s	.) & _		_ day(s)
CNIC No. (copy may al	so be attached)				-								-
Marital Status							Bloo	d Gr	oup				
Nationality							Dom (copy may	nicile also be attac	ched)				
Highest Qualificat	ion						Pass	ing Y	/ear				
PEC Reg. No. (if ap	pplicable)						(5	ΓS-GA Subjec	t)				
Present/ Postal Ad	dress												
Permanent Addres	S	 											
Mobile No.				Re	siden	ce N	No.						
Alternate No.													

(I)

Personal Information

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

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

Degree/ Certificate	Field/ Subject	Sessi	on	Year of	University/ Institu	te/ Board	Marks l	Detail	Grade/ Division/
held	y	FROM	то	Award	Institution Name	Country	Obtained	Total	CGPA
						-			

(copy of degrees/certificates may also be attached)

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

Course	Diploma/Certificate	Field of study	Institution	Grade

(copy of certificates may also be attached)

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

(III) Employ	<u>yment History</u> ((Please start	from your recen	nt job and	go in de	escending order
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(a) **Teaching** (Please do not write down experience as visiting faculty)

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

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

					Durati	on 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(a) & Industrial(b)]			

(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</u> (if any)

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

	Position
Address	Phone No
Email	
Reference No: 2. NameAddress	
	Phone No
Email	
By signing below and submitting this application confirm that the information I have provided is authorize you to contact the references provided	accurate to the best of my knowledge and that
Date	Signature of the Applicant
CLIMENTS REQUIRED	
Attach followings with the form and indicate by a ti	ick $()$ in the relevant box.
Official, certified photocopies of all academic degrees and	d transcripts.
• Experience Certificates for the work experience mentione	ed in the application form.
• Photocopy of CNIC.	
Photocopy of domicile.	
Most Recent Photographs (3).	
FOR OFF	
Application Received by:	Date
Checked by:	Date
Short Listed Not Short Listed	if not, reason(s)
Signature & Name of Dealing Officer	
- <u> </u>	

Reference:- Provide Two Academic/Professional References

(V)