



# University of Swat

Khyber Pakhtunkhwa, Sector-F, Kanju, Township, Swat

[www.uswat.edu.pk](http://www.uswat.edu.pk)

Ph: (0946) 923011

Attach three  
recent  
pictures here

## EMPLOYMENT FORM

For  
(BS-17to BS-21)

Bank Draft/University Receipt No. _____ Dated: _____	Post applied for _____
Bank Name: _____	_____

### A. PERSONAL INFORMATION:

1. Name (in block letters) _____
2. Father's Name (in block letters) _____
3. (a) Date of Birth _____ (b) Domicile _____
(c) Land Line _____ (d) Mobile _____
(e) CNIC No. _____ (f) Email _____
4. Permanent Address _____
5. Mailing Address _____

### B. ACADEMICS & PROFESSIONAL:

#### i) ACADEMIC DATA

Attach attested photocopies of degrees / transcripts, which clearly indicate the courses undertaken and the grades obtained by you during graduation/Post Graduation/Ph.D etc.

Qualifications	Duration (Month/Year)		Division	Marks Obt/ Total Marks/ CGPA	Subject/ Major Field of Specialization	Full/ Part Time Regular/ Private	Board / University/ Institute/Country
	From	To					
Postdoctoral							
Ph.D							
M.Phil/MS							
Masters/ Equivalent							
Bachelors/ Equivalent							
Intermediate/ Equivalent							
Matric/ Equivalent							

ii) **TEACHING/PROFESSIONAL EXPERIENCE** (Attach experience certificate to support your experience)

After	Post/(BPS)	Duration (Month/Year)		University/Institute/ Organization/Country
		From	To	
Ph.D				
M.Phil/MS				
Master & Bachelor				
Other				

iii) **DETAILS OF RESEARCH PUBLICATIONS**

S.#	Name of Author	Name of Co-author (s)	Title of paper/ Presentation	Journal (Name & Country)	Publisher	No.	Vol.	pp	Date
Published in Journal of international repute / HEC recognized / ISI indexed Journals / International Refereed									
1									
2									
3									
4									
5									
Published in local Journals									
1									
2									
3									
4									
5									

(Attached extra sheet, if required)

iv) LIST SIGNIFICANT ACADEMIC AWARDS/MERIT SCHOLARSHIPS/MEMBERSHIP etc. (Attach supporting documents)

a.	
b.	
c.	
d.	

C. **REFERENCES:**

S#	Name	Designation	Address/Phone/Fax/Email
1			
2			
3			

**DECLARATION**

<p>I hereby declare that all the entries in this application form and all the additional particulars furnished along with it are true to the best of my knowledge and belief. I understand that any mis-representation / concealment of facts in it can result in the rejection of my application, and even after my selection as _____ shall lead to dismissal / termination from service.</p> <p style="text-align: right; margin-top: 20px;">_____ Signature of Candidate (with date)</p>
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For Office Use only

**Recommendations of the Scrutiny Committee**

The candidate is      Conditionally Eligible                       Eligible                       Not Eligible

If the candidate is not eligible (please state the reasons):

i	
ii	
iii	

**NAME OF EVALUATORS**

I) _____/Convener	Signature _____
II) _____/Member	Signature _____
III) _____/Member	Signature _____

**D. Instruction for Application form:**

**Please Read the following instructions carefully:**

1. Read the form carefully before filling the application form.
2. Ensure that you have attached attested copies of all relevant testimonials/documents and experience certificates.
  - 1) DMC/Transcripts/Certificates will only be accepted, if issued by the office of the Controller of Examination concerned.
  - 2) Experience certificates and NOC will only be accepted if issued by the Registrar in case of University or equivalent body/ Competent Appointing Authority of the University/Institution/Organization otherwise experience will not be counted.
  - 3) The experience certificate must contain issuance date, reference No., proper designation along with BPS/TTS (If applicable) and clear duration of experience gained.
  - 4) The application form must be submitted on or before closing date of advertisement.
  - 5) Age limit for all regular positions is 18-45 years.
  - 6) If a row or a column is not relevant, write "Not Applicable" or "NA".
  - 7) Phone/Cell No, Mailing Address and Email Address must be communicated in case of any change.

**Checklist of required documents attached.**

*(Please mention the attached documents, other than enlisted below, at serial No. 19 & onwards)*

S.No	Checklist	Attached <input type="checkbox"/> Please Tick (if attached)	Not Applicable <input type="checkbox"/> Please Tick (if not applicable)	Page No (Write page number on the top right corner of the attached documents)
1.	Original Bank receipt/Demand Draft of amount stated in advertisement. Application processing fee			
2.	Research Publication Evaluation fee of <b>Rs. 4500/-</b> for Professor and Associate Professor only.			
3.	One recent Passport Size Photograph (Attested on face side).			
4.	Attested copy of Domicile Certificate.			
5.	Attested copy of CNIC.			
6.	Attested copies of SSC Original Certificate and DMC.			
7.	Attested copies of HSSC Original Certificate and DMC.			
8.	Attested copies of Bachelors DMC/Transcript and Degree.			
9.	Attested copies of Masters DMC/Transcript and Degree.			
10.	Attested copies of M.Phil. Transcript and Degree (If Applicable).			
11.	Attested copies of P.hD. Transcript and Degree (If Applicable).			
12.	Post Doctorate Certificate (If Applicable)			
13.	Experience Certificates from Registrar/ equivalent body of concerned University/institution.			
14.	Proper No Objection Certificate (NOC). Issued by Competent Authority/employer			
15.	Four Sets (04) of Research Publications for Professor and Associate Professor.			
16.	Attach all research papers (if Applicable).			
17.	Merit/ Gold Medal Certificate (If applicable).			
18.	HEC/IBCC equivalency certificate in case of foreign degrees/certificates.			
19.	P.hD. thesis evaluation reports in case of TTS only.			
20.	Signature on Page No.3 of application form.			



Office of the Assistant Registrar (M)

University of Swat

(0946) 923011

[www.uswat.edu.pk](http://www.uswat.edu.pk)

[khurshid@uswat.edu.pk](mailto:khurshid@uswat.edu.pk)

**ACKNOWLEDGMENT**

Form No: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Post Applied for \_\_\_\_\_

\_\_\_\_\_  
Dealing Assistant



Office of the Assistant Registrar (M)

University of Swat

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**ACKNOWLEDGMENT**

Form No: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Post Applied for \_\_\_\_\_

\_\_\_\_\_  
Dealing Assistant