



The Women University Multan

APPLICATION FORM FOR JOB (BPS 17 & Above)

INSTRUCTIONS

(1) The application form must be filled in and signed by the applicant.

(2) Fill up the application form in block letters.

(3) Each question should be answered clearly and completely.

Additional sheets may be used if necessary.

(4) The application must be accompanied with attested

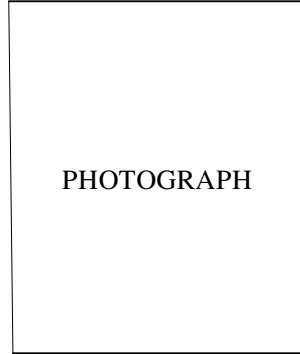
photocopies of all of the relevant certificates/ testimonials and two Passport size photographs.

(5) The application form complete in all respects should reach the office of the Registrar, Not later than the due date. Incomplete applications form or those received after the due date will not be entertained.

(6) In service applicants should submit their applications through Proper channel. Otherwise his/her application may not be entertained.

(7) Canvassing in any form will disqualify.

(8) Personal Marks of identification as given in valid identify card.



Postal order No:		Date	
Bank / Barnch		Amount	

1. Application for the post of

2. Name of applicant

3. Date of birth :

					Y					M					D
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4. Age (as per due date)

					Y					M					D
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5. Father's Name.....

6. Status:

Single		Married	
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If married, Husband's Name:.....
(For Female only)

7. Present address
.....

Ph No: Mobile No:

8. Permanent address
.....

Ph No: Mobile No:

9. Postal address
.....

Ph No: Mobile No:

10. Valid Computerized National Identity Card No

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11. Personal Mark of Identification as given in the Identity Card :.....

12. Academic Qualifications :

Name of Examination Passed	Year of Passing	Institution attended	Grade/Division with marks obtained	Subjects studied

13. Professional Qualifications, (if any) :

Name of Examination Passed	Year of Passing	Institution attended	Grade/Division with marks obtained	Subjects studied

14. Experience, including past University service, if any:

Name of Institution served	Designation/ (Pay Scale or Grade)	From (Date)	To (Date)	Duties	Reasons for leaving the service

15. Give reference of two persons other than relatives, who may know you:-

Name	Designation and full address
(1) _____	_____
(2) _____	_____

16. Names, with positions held by relatives who have been/are in University service :-

Name	Designation	Exact Relationship
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

17. Name and address of the
 Person to be informed
 in case of emergency

18. List of documents attached:

1		10	
2		11	
3		12	
4		13	
5		14	
6		15	
7		16	
8		17	
9		18	

Declaration:-

I solemnly declare that the information given in the form is correct. In case, any part of the given information is found wrong, I shall be liable to disciplinary action and dismissal from service.

Date

.....
 Signature of the applicant

FOR OFFICE USE ONLY

Application No.....

Date:

Received by:

Signature: