

FATA UNIVERSITY, FR KOHAT



Application Form for Employment of
Faculty Positions
(Use additional sheets, if required)

Photo

Post Applied for _____

Please type or print clearly and attach attested copies of the requisite testimonials/documents herewith. Use additional sheets if required

1. Name: (in capital letters)				
2. Father's Name: (in capital letters)				
3. Gender: (Please Tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	4. C . N.I.C. No.			
5. Mailing Address: (for correspondence)				
6. Permanent Address:				
7. Mobile / Cell No.	8. E-Mail:			
9. Date of Birth	10. (Age on closing date)	Year	Months	Days
11. Nationality:	12. Domicile			
13. Marital Status	14. Religion			

15. EDUCATION: Commencing from the Matriculation or Equivalent Examination.

S#	Name of Board / University	Exam. with year of passing	Division distinction /	Attempt	Marks Obtained	Total Marks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

16. FORMAL TRAINING OR EDUCATION:

S#	Name of Institution	Type of Training	Period	Certificate or Diploma obtained
			From to	

17. RESEARCH: Give particulars of all post-graduate research work done. Mention name of Institution and Professor under whose guidance research completed.

S#	Nature of Research	Name of Institution	Name of Professor

18. RESEARCH PAPERS: Attach list of Research Papers as per specimen and attested photocopies of title of journals with first page of the each research paper containing ABSTRACT.

S#	Title of Research Paper	Name of Journal with ISSN No./ISNB No	Vol. No & Page No.	Categorized by HEC as W/X/Y/Z	Date of publication	Principal or co-author

19. EMPLOYMENT RECORD:

S#	Name of Institute / Organization	Period	Designation	BPS	Job Description (Teaching / Research / Admin)	Nature of Job (Permanent / Temporary
		From – To				

20. Attach list of Miscellaneous Teaching or Administrative Experience, if any.

21. Membership of Learned Societies and other Achievements in the University, Public or International Affairs, if any.

22. COUNTRIES VISITED:

S#	Name of Country	Duration	Purpose of Visit

23. References:

- a. _____

- b. _____

24. State any other relevant facts. Attach additional sheet, if required.

25. List of attested documents attached.

I hereby solemnly declare that all the entries/information provided by me in this application form and all the additional particulars (if any) furnished along-with it, are correct & true in all respect. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

Signature of the Candidate

Dated ____/____/____