



# THE UNIVERSITY OF CHAKWAL

## OFFICE OF THE REGISTRAR

Main Campus, Talagang Road, Chakwal. Tel: 0543-552947

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photograph

Post Applied For \_\_\_\_\_

Department/ Discipline: \_\_\_\_\_ Session \_\_\_\_\_

### A. PERSONAL DETAILS

Name (in block letters): \_\_\_\_\_ S/O, D/O/, W/O \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Religion: \_\_\_\_\_ Domicile: \_\_\_\_\_ CNIC #: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone (Res). \_\_\_\_\_ Cell: \_\_\_\_\_

Challan No. Bank Name (Attach in original) \_\_\_\_\_ Dated: \_\_\_\_\_ Amounting Rupees 1000/-

### B. LANGUAGE PROFICIENCY

Language	Reading			Writing			Speaking		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									
Urdu									
Other									

### C. QUALIFICATION EDUCATION

Sr. No.	Detail	Year	Marks /Total	%Age/ CGPA	Subjects	Institution/ Board
1.	SSC Exam/O Level					
2.	HSSC Exam/ A Level					
3.	Graduation (14 Years of Education)					
4.	Graduation /Master Degree (16 Years of Education)					
5.	MS/MPhil (18 Years of Education)					
6.	Ph.D.					

**D. RESEARCH**

Give particular of all post graduate research work done. Mention name of Institution and Professor under whom guidance the research was completed.

Your Research Work	

**E. TEACHING EXPERIENCE / ADMINISTRATIVE (if any)**

Sr. No.	Position	Responsibilities	Period	
			From	To
1.				
2.				
3.				
4.				
5.				

**Declaration:** I undertake to abide by the instructions/guidelines and hereby declare that all the information provided by me is correct to the best of my knowledge. I understand that incorrect information found (if any) would render me ineligible for the position, and University reserves the right to reject/cancel my application without given any reason.

Application Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**F. REFERENCES**

Sr.	Name	Designation	Contact No	Email	Correspondence, Official Address

**(FOR OFFICE USE ONLY)**

i) Recommendations/comments by the Working Group and Chairperson of the concerned Department about the applicant:

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Recommended / Not Recommended \_\_\_\_\_

Signature of the concerned Chairperson with stamp \_\_\_\_\_

**ATTACH PHOTOSTAT COPIES / DOCUMENTS DULY ATTESTED/VERIFIED**

1	CNIC		4	Intermediate		7	MS/MPhil (18 years)	
2	Domicile		5	Graduation (14 years)		8	PhD	
3	Matric		6	Graduation /Master (16 years)		9	Experience (if any)	

## **TERMS & CONDITIONS**

1. The University reserves the right to reject any/all applications without assigning any reason.
2. Non-teaching employees of the University and applicant(s) serving in a Government/Semi-Government Department or an Autonomous Body must attach the permission of their respective Department/Organization/Body to teach at the University
3. Visiting Faculty Members shall be paid the remuneration as per approved rates of Visiting Faculty of the University of Chakwal. The remuneration shall be paid on the completion of semester after submission of results.
4. Attested photocopies of degrees/diplomas/certificates/testimonials, domicile, CNIC, and application processing fee of **Rs.1,000/-** deposited in the **Treasurer, University of Chakwal Fund, Account No.6510211599100036, Bank of Punjab** must be attached.
5. Complete application in all respects must reach the Office of the Deputy Registrar (Estb.&SM) before the due date. Incomplete application and application received after due date will not be entertained.

