



THE UNIVERSITY OF CHAKWAL
OFFICE OF THE REGISTRAR
Main Campus, Talagang Road, Chakwal. Tel: 0543-552947

Please affix
recent
passport size
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:

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 Assistant Registrar (Estb.&SM) before the due date. Incomplete application and application received after due date will not be entertained.

Bank Copy
 Treasurer University of Chakwal Fund
Account No. 6510211599100036
 Bank of Punjab (Main Branch) Talagang Road

Name: _____
 Father's Name: _____
 CNIC: _____
 Contact: _____
 Post Applied for: _____

Application Processing Fee	1,000
Total	1,000

Applicant Signature

Cash Officer

University Copy
 Treasurer University of Chakwal Fund
Account No. 6510211599100036
 Bank of Punjab (Main Branch) Talagang Road

Name: _____
 Father's Name: _____
 CNIC: _____
 Contact: _____
 Post Applied for: _____

Application Processing Fee	1,000
Total	1,000

Applicant Signature

Cash Officer

Applicant's Copy
 Treasurer University of Chakwal Fund
Account No. 6510211599100036
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Cash Officer