

## The Islamia University of Bahawalpur

Phone 062-9250235 Fax 062-9250335

## EMPLOYMENT FORM Administrative/Non Teaching/other

2 Recent 1×1 " size photographs (to be affixed with stapler)

Post A	pplied for:					BPS	F	Regulai	•	Conti	ract
Campu	s Applied for:	Bahawalpur		E	Bahawal	nagar		Ra	him Yar	Khan	
Please only:	tick relevant,	Open Merit		E	By Interi	nal Selec	tion	Dis	abled G	luota	
		Minorities Qu	ıota	v	Vomen (	Quota					
1. Instructi	ons:										
i. All colun	nns should not b	e left blank a	nd all	quest	tions s	hould b	e ans	swered	, wher	e appl	licable.
ii. All infori	mation provided	in this form	must	be su	pporte	d with	attes	ted co	oies of	f certif	ficate(s) for
	tion of authentic	•									
	s) where dates a	are required	should	d be fi	illed-ii	n with <sub>l</sub>	prope	r dates	inste	ad of I	month/year
only.				L		1					
-	ete certificates/d py of online Bar	•					λ Δ σ σ	ount N	umbar	. 1 <i>1</i> .72	7000454002
•	py or online bar h Rs. 4000/- for	•	•		•						
	000/- for BS-0	•		-					-		•
•	essing fee in fav					ttached	l with	this fo	rm.		
<b>b)</b> Give	the number and	date of the b	ank de	posit	slip.						
Number			Date					. Bank anch			
3. Persona	al Information:										
1. Name of A	pplicant:										
2. Father's N	lame:										
3. Date of Bi	rth: Day	N	/onth			Year		(4)	Age on closi		
4. Domicile:		Province			Dis	strict		į (A		ng date) nsil	
5. C.N.I.C No					<u> </u>						
6. Religion				7.	Marita	ı Statu	s:				
8. Postal Ad	dress:										
9. Permaner	t Address:										
10. Telephon	e No. (Office)		(Re	·s.)				(N	1ob)		
4. Academ	ic Qualification	ı <b>s:</b>									
Name of						M	larks	/ CGP/	<u> </u>		
Contificato	, $\parallel$ Name of In:	stitution/ Boa	ra/	Year	OT	Takal	1 14		0/	7	Major

Name of	Name of Institution / Doord /	Voor of	М	arks / CGPA	<b>\</b>	Maion
Certificate/ Degree	Name of Institution/ Board/ University	Year of Passing	Total Marks	Marks Obtained	% age	Major Subject(s)
Matriculation/ O' Level						
Intermediate/ A' Level						
Bachelors (Two Years)						
Bachelors (Four Years)						
Master						
M.Phil/MS						
Ph.D.						
Any Other						

Skill Ex		llent Good			Poor	Certificate/Diploma		
S Word							•	
S Excel								
S Power Point								
ternet Surfing								
ther Software								
(Please specify or . <b>Give a list of</b>	•	-	•	ed in Jou	ı <b>rnals</b> (if ap	plicable)		
Sr. #	Topic		Name of Jo			Da	ate of publication	
lah Francisco				. //				
Job Experience	Starting v	with most rec	ent appointme		·	<del></del>		
Name of Departme	,	ost held		Period S	Served Total		Reason for	
Organization /Fir	m (wi	th grade)	From	То		ation	Leaving	
Relative(s) alre			B. Yes.		No.	]		
ir. # N	lame		Designation		Department		Relationship with applicant	
. References:							1	
	1		Department		Contact No.		Address.	
		•						
). Are you suffering	ng or have y	ou suffered t	from any Phy	ysical disab	ility? <b>Yes.</b>	No.		
,	ntioned the n	ature of disa	ability			<del></del>		
If yes, then mer			hility certific	ate issued	by Provincia	l Counc	il for Rehabilitatio	
If yes, then mer	ovided / at		-					
If yes, then mer you have to pr Disabled Perso	ovided / at	Welfare Dep	artment, if a			•		
If yes, then mer you have to pr Disabled Perso . Have yo <u>u o</u> bta	ovided / at ns of Social ined the ex	Welfare Dep	artment, if a			•	for this job?	
If yes, then mer you have to pr Disabled Perso.  Have you obta	rovided / at ns of Social ined the ex <b>No</b> .	Welfare Dep plicit perm	artment, if a	ur presen	t employer t	o apply	•	
If yes, then mer you have to pr Disabled Perso.  Have you obta Yes.  Have you ever	rovided / at ns of Social lined the ex <b>No.</b> er been di	Welfare Dep plicit perm smissed/te	ertment, if a ission of yo erminated/r	emoved f	t employer to	o apply in any	y Government/Se	
If yes, then mer you have to pr Disabled Perso.  Have you obta Yes.  Have you ever Government/A	rovided / at ns of Social ined the ex <b>No.</b> er been di Autonomou	Welfare Dep plicit perm smissed/te	ertment, if a ission of yo erminated/r	emoved f	t employer to	o apply in any	y Government/Se	
If yes, then mer you have to proposed personal transfer of the proposed pe	rovided / at ns of Social ined the ex No. Correct been di Autonomou	Welfare Dep plicit perm smissed/te s Agency fo	ertment, if a ission of yo erminated/r	emoved f	t employer to	o apply in any	y Government/Se	
If yes, then mer you have to provide to prov	rovided / at ns of Social ined the ex No. er been di Autonomou No. etail belov	Welfare Dep plicit perm smissed/te s Agency fo	eartment, if a ission of yo erminated/r or reasons	emoved f	t employer to rom service want of vac	in any	/ Government/Se trenchment of po	
If yes, then mer you have to proposed to p	rovided / at ns of Social ined the ex No. er been di Autonomou No. etail belov	Welfare Dep plicit perm smissed/te s Agency fo	ertment, if a ission of yo erminated/r	emoved f	t employer to	in any	, Government/Se	
If yes, then mer you have to proposed to provide the provide to provide the provided the	rovided / at ns of Social ined the ex No.	Welfare Dep plicit perm smissed/te s Agency fo	ertment, if a ission of your reasons of the Department of the Depa	emoved fother than	t employer to rom service want of vac	in any	y Government/Se trenchment of po	
If yes, then mer you have to proposed personal to the personal to the proposed personal to the proposed personal to the personal to th	rovided / at ns of Social ined the ex No. er been di Autonomou No. detail belov	Welfare Dep plicit perm smissed/te s Agency fo	ertment, if a ission of your reasons of the partment of the pa	emoved fother than	rom service want of vac  Year of Terminat	in any ancy, re	y Government/Se trenchment of po Reasons	
If yes, then mer you have to proposed Person Have you obtain Yes.  Have you ever Government/Ayes.  If yes provide of Name of Polyton appointed how Undertaking by the second of the provide of the second of the sec	rovided / at ns of Social ined the ex No. er been di Autonomou No. detail belov ost	Welfare Dep plicit perm smissed/te s Agency fo	ertment, if a ission of your reasons of the partment of the pa	emoved fother than	rom service want of vac  Year of Terminati  igures given a	in any ancy, re	Government/Setrenchment of po	
If yes, then mer you have to proposed personal p	rovided / at ns of Social ined the ex No. er been di Autonomou No. detail belov ost	Welfare Dep plicit perm smissed/te s Agency fo	ertment, if a ission of your reasons of the partment of the pa	emoved fother than	rom service want of vac  Year of Terminati  igures given a	in any ancy, re	Government/Sotrenchment of po	
If yes, then mer you have to proposed Person Have you obtated Person Have you even Government/Atyes.  If yes provide of Name of Publications by the Undertaking by the provide of the provide of the Undertaking by the provide of th	rovided / at ns of Social ined the ex No. er been di Autonomou No. detail belov ost	Welfare Dep plicit perm smissed/te s Agency fo	ertment, if a ission of your reasons of the partment of the pa	emoved fother than	rom service want of vac  Year of Terminati  igures given a	in any ancy, re	Reasons  true to the best of e of the post applied	

DATE

IUB-HRD (Revised form 2017)