# FACULTY JOB APPLICATION FORM <u>UNDER BPS</u>

| Applicant Name   | <br> |
|------------------|------|
| Post applied for |      |
| Denartment       |      |



## UNIVERSITY OF HOME ECONOMICS LAHORE

| <u>PersonalInformat</u> | <u>ion</u> |     |        |             | A ffive   | ı recent           |
|-------------------------|------------|-----|--------|-------------|-----------|--------------------|
| Name                    |            |     |        |             | Photo     | graph<br>ort size) |
| Father's Name           |            |     |        |             | 4         | ,                  |
| Gender                  | MALE       |     | FEMALI | Ε           |           |                    |
| Date of Birth           |            | Age |        | Years,N     | Month(s)& | day(s)             |
| CNIC No.                |            |     | -      |             |           | -                  |
| Marital Status          |            |     |        | Blood Group | р         |                    |
| Nationality             |            |     |        |             |           |                    |
| Highest Qualification   |            |     |        | Passing Yea | nr        |                    |
| Present/ Postal Address |            |     |        |             |           |                    |
| Permanent Address       |            |     |        |             |           |                    |
| Mobile No.              |            |     |        |             |           |                    |
| Phone No.(Residence)    |            |     |        |             |           |                    |
| E-Mail                  |            |     |        |             |           |                    |

| (a) | <b>Academic</b> | <b>Background</b> | : |
|-----|-----------------|-------------------|---|
|     |                 |                   |   |

| Degree/             | Year of | Field/Subject | University/Institut | te/Board |          | s Detail | Grade/             |
|---------------------|---------|---------------|---------------------|----------|----------|----------|--------------------|
| Certificate<br>held | Award   |               | Institution Name    | Country  | Obtained | Total    | Division/<br>CGPA* |
| Post-Doctoral       |         |               |                     |          |          |          |                    |
| PhD                 |         |               |                     |          |          |          |                    |
| M.Phil/MS           |         |               |                     |          |          |          |                    |
| BS/MA               |         |               |                     |          |          |          |                    |
| B.A (if applicable) |         |               |                     |          |          |          |                    |
| Inter/A Level       |         |               |                     |          |          |          |                    |
| Matric/OLevel       |         |               |                     |          |          |          |                    |

<sup>\*</sup>Give grade for semester system and division for annual system of examination.

(b) **Professional Training/Experience**(Add trainings of minimum three months' duration)

| Course Title | Diploma/Certificate |    | Field of study | Institution |
|--------------|---------------------|----|----------------|-------------|
|              | From                | То |                |             |
|              |                     |    |                |             |
|              |                     |    |                |             |

## (III) <u>Employment History</u>(Please start from your recent job and go in descendingorder)

## (a) **Teaching**

| Name of Organization |             | Scale/  | Key Job     | Durat   | ion Time |
|----------------------|-------------|---------|-------------|---------|----------|
|                      | Designation | Package | Description | Dates   | Period   |
|                      |             |         |             | From To | YY-MM-DD |
|                      |             |         |             |         |          |
|                      |             |         |             |         |          |
|                      |             |         |             |         |          |
| Total                |             |         |             | YY,     | MM,DD    |

## **(b) Professional**(*if any*)

| Name of      |                             | Scale/   | Scale/      |      | Duration | on Time  |
|--------------|-----------------------------|----------|-------------|------|----------|----------|
| Organization | Designation Backage Rey Job |          | Da          | tes  | Period   |          |
| Organization | Designation                 | 1 ackage | Description | From | To       | YY-MM-DD |
|              |                             |          |             |      |          |          |
|              |                             |          |             |      |          |          |
|              |                             |          |             |      |          |          |
|              |                             |          |             |      |          |          |
| Total        |                             |          |             |      | YY,      | MM,DD    |

<sup>\*</sup>Must attach the certificate/documents of the experience claimed.

| Total Experience         | Years | Months | Days |
|--------------------------|-------|--------|------|
| (Teaching &Professional) |       |        |      |

#### (IV) ResearchPublications

(Must include name of journal; year/volume of publication; page numbers; author(s); title) May add separate page in the following pattern.

#### National/International JournalPapers (a)

| Sr. # | Title of<br>Publication | Complete Name of<br>Journal and Address | Vol.<br>No. | Page<br>No. | Year | HEC<br>Approved |    | Category<br>(Impact<br>Factor) |
|-------|-------------------------|---|-------------|-------------|------|-----------------|----|--------------------------------|
|       |                         |   |             |             |      | Yes             | No | W,X,Y,Z                        |
| 1.    |                         |   |             |             |      |                 |    |                                |
| 2.    |                         |   |             |             |      |                 |    |                                |
| 3.    |                         |   |             |             |      |                 |    |                                |
| 4.    |                         |   |             |             |      |                 |    |                                |

#### **(b)** National/International ConferencePapers

| Sr. # | Title of Publication | Title of Conference<br>Proceeding | Year | Venue |
|-------|----------------------|-----------------------------------|------|-------|
| 1.    |                      |                                   |      |       |
| 2.    |                      |                                   |      |       |
| 3.    |                      |                                   |      |       |
| 4.    |                      |                                   |      |       |

| Book Title  |                                      | Chapter Titl                      | e                                 | Pul  | olisher& Year                                |
|---|--------------------------------------|-----------------------------------|-----------------------------------|--|--|
|   |                                      | _                                 |                                   |  |  |
|   |                                      |                                   |                                   |  |  |
|   |                                      |                                   |                                   |  |  |
|   |                                      |                                   |                                   |  |  |
| References:   |                                      |                                   |                                   |  |  |
|   | Designat                             | tion / organization               | Contact Nu                        | mber   | Email Address                                |
|   |                                      |                                   |                                   |  |  |
|   |                                      |                                   |                                   |  |  |
| INDERTAR  | ING BY THE A                         | PPLICANT.                         | 1                                 |  | 1  |
|   |                                      |                                   |                                   |  |  |
| -   | affirmed that fact                   | ts and figures given              | above are tri                     | ie to the be   | est of mv knowledge                          |
| Itis solemnly   |                                      |                                   |                                   |  | est of my knowledge<br>ature of the post app |
| Itis solemnly information, §  |                                      | automatically disqu               |                                   |  | est of my knowledge<br>ature of the post app |
| Itis solemnly information, §  | iven by me, shall                    | automatically disqu               |                                   |  |  |
| Itis solemnly information, §  | tiven by me, shall ction requirement | automatically disqu               | alify me from                     | the candida  |  |
| Itis solemnly information, g  | tiven by me, shall ction requirement | automatically disqu               | alify me from                     | the candida  | ature of the post app                        |
| Itis solemnly information, g  | tiven by me, shall ction requirement | automatically disqu               | alify me from                     | the candida  | ature of the post app                        |
| Itis solemnly information, g  | tiven by me, shall ction requirement | automatically disqu               | alify me from                     | the candida  | ature of the post app                        |
| Itis solemnly information, g  | tiven by me, shall ction requirement | automatically disqu               | alify me from                     | the candida  | ature of the post app                        |
| Itis solemnly information, g  | tiven by me, shall ction requirement | automatically disqu               | alify me from                     | the candida  | ature of the post app                        |
| Itis solemnly information, g  | tiven by me, shall ction requirement | automatically disqu               | alify me from                     | the candida  | ature of the post app                        |
| Itis solemnly information, g for future selection.                    | tiven by me, shall ction requirement | automatically disqu               | SIGNAT                            | The candidate of the ca | ature of the post app  HE APPLICANT          |
| Itis solemnly information, g for future sele                          | tiven by me, shall ction requirement | automatically disqu               | SIGNAT                            | The candidate of the ca | ature of the post app                        |
| Itis solemnly information, g for future selection.                    | tiven by me, shall ction requirement | automatically disquets.  FOR OFF  | SIGNATO                           | THE OF T   | ature of the post app                        |
| Itis solemnly information, g for future selection  Dated: Application | Received by:                         | automatically disquests.  FOR OFF | SIGNATI                           | THE OF TO  | HE APPLICANT                                 |
| Itis solemnly information, g for future selection  Dated: Application | Received by:                         | automatically disquests.  FOR OFF | SIGNATO  SIGNATO  ICE USE  Dated: | The candidate of The Candidate :   | ature of the post app                        |

## Make sure that you have attached all the required documents with your application form.

## CHECK LIST:

| Sr. | Description  | Yes | No |
|-----|--|-----|----|
| No  |  |     |    |
| 1   | Filled Application form                                    |     |    |
| 2   | Fee deposit slip   |     |    |
| 3   | Passport size photograph                                   |     |    |
| 4   | Attested copy of CNIC                                      |     |    |
| 5   | Attested copies of degrees/certificates/diplomas           |     |    |
| 6   | Equivalence certificates from HEC (if applicable)          |     |    |
| 7   | Attested copies of research publications                   |     |    |
| 8   | Attested copies of experience certificates (if applicable) |     |    |
| 9   | No objection certificate from the competent authority if   |     |    |
|     | already in service   |     |    |
| 10  | Brief CV/bio-data of maximum up to 500 wordscomprising     |     |    |
|     | of information regarding teaching, supervision of          |     |    |
|     | M.Phil./Ph.D. thesis, research projects, number of         |     |    |
|     | research publications, contribution to profession and      |     |    |
|     | society  |     |    |
| 11  | Scanned PDF file of complete application with              |     |    |
|     | attachments for sending through email to                   |     |    |
|     | registrar@uhe.edu.pk                                       |     |    |