



# University of Swat

Meetings Section, House No. 14, Sector F, Kanju Township Swat

[www.uswat.edu.pk](http://www.uswat.edu.pk)

Office Cell Phone/ WhatsApp No. 0334-8923011

Email: [Meetings@uswat.edu.pk](mailto:Meetings@uswat.edu.pk), [Khurshid@uswat.edu.pk](mailto:Khurshid@uswat.edu.pk)

Form for (BPS-16 &amp; Below)

Attach two recent pictures here

## EMPLOYMENT FORM SUPPORT STAFF OF MAIN CAMPUS

|   |                        |
|---|------------------------|
| Bank Draft / Receipt No. _____ Dated: _____ | Post applied for _____ |
| Bank Name: _____                            | _____                  |

### A. PERSONAL INFORMATION:

|   |
|---|
| 1. Name (in block letters) _____              |
| 2. Father's Name (in block letters) _____     |
| 3. (a) Date of Birth _____ (b) Domicile _____ |
| (c) Land Line _____ (d) Mobile _____          |
| (e) CNIC No. _____ (f) Email _____            |
| 4. Permanent Address _____                    |
| 5. Mailing Address _____                      |

### B. ACADEMICS & PROFESSIONAL:

| Qualifications           | Duration (Month/Year) |    | Division | Marks Obt / Total Mars/ CGPA | Subject/ Major Field of Specialization | Full/ Part Time Regular/ Private | Board / University/ Institute/Country |
|--------------------------|-----------------------|----|----------|------------------------------|--|----------------------------------|---------------------------------------|
|                          | From                  | To |          |                              |  |                                  |                                       |
| Masters/ Equivalent      |                       |    |          |                              |  |                                  |                                       |
| Bachelors/ Equivalent    |                       |    |          |                              |  |                                  |                                       |
| Intermediate/ Equivalent |                       |    |          |                              |  |                                  |                                       |
| Matric/ Equivalent       |                       |    |          |                              |  |                                  |                                       |

### C. PROFESSIONAL RELEVANT EXPERIENCE

| Name of Institution/ Organization | Position held with BPS if any | Responsibility | Period |    | Total Period | Reason for leaving |
|-----------------------------------|-------------------------------|----------------|--------|----|--------------|--------------------|
|                                   |                               |                | From   | To |              |                    |
|                                   |                               |                |        |    |              |                    |
|                                   |                               |                |        |    |              |                    |
|                                   |                               |                |        |    |              |                    |

(Attached extra sheet, if required)

**DECLARATION:** I hereby declare that all the entries in this application form and all the additional particulars furnished along with it, are true to the best of my knowledge. I believe and understand that any mis-representation/concealment of facts in it can result in the rejection of my application, and even after my selection as \_\_\_\_\_ shall lead to dismissal / termination from service.

\_\_\_\_\_  
Signature of Candidate  
(With date)

### For Office Use only

Recommendations of the Scrutiny Committee

The candidate is  Conditionally Eligible  Eligible  Not Eligible 

If the candidate is conditionally eligible / not eligible (please state the reasons):

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |

### NAME & SIGNATURE OF EVALUATORS

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_

Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_

**D. INSTRUCTION FOR FILLING APPLICATION FORM:**

1. Read the form carefully before filling the application form.
2. Attach attested copies of all relevant testimonials / documents and experience certificates as you claim in your application form.
3. DMC / Transcripts / Certificates will only be accepted, if issued by the office of the Controller of Examination concerned.
4. Experience certificate(s) and **NO OBJECTION CERTIFICATE (NOC)** will only be accepted if issued by the Registrar in case of University or equivalent body / Competent Appointing Authority of the University/Institution/Organization otherwise experience will not be counted and NOC will not be acceptable.
5. The experience certificate(s) must contain issuance date, reference No., proper designation along with BPS/TTS (*If applicable*) and clear duration of experience gained.
6. **Age limit for all positions is 18-45 years.**
7. If a row or a column is not relevant, write "Not Applicable" or "NA".
8. Cell Phone No, Mailing Address and Email Address must be communicated in case of any change.
9. Applicants are advised to regularly check University of Swat website and your email for quick information / correspondence.
10. Detailed rules / policy of recruitment may be seen on University website.
11. This application form, duly completed along with supported documents should be submitted to the **Office of Registrar (Meetings Section), House No. 14, Sector F, Kanju Township, University of Swat** on or before the closing date as per advertisement.

| S.No | Checklist  | Attached<br><input checked="" type="checkbox"/> Please Tick<br>(if attached) | Not<br>Applicable<br><input checked="" type="checkbox"/> Please Tick<br>(if not applicable) | Page No<br>(Write page number on the top right corner of the attached documents) |
|------|--|--|---|--|
| 1.   | Original Bank receipt/Demand Draft of amount stated in advertisement as application processing fee |  |   |  |
| 2.   | Attested copy of Domicile Certificate.   |  |   |  |
| 3.   | Attested copy of CNIC.   |  |   |  |
| 4.   | Attested copies of SSC Original Certificate and DMC.   |  |   |  |
| 5.   | Attested copies of HSSC Original Certificate and DMC.  |  |   |  |
| 6.   | Attested copies of Bachelors DMC/Transcript and Degree.  |  |   |  |
| 7.   | Attested copies of Masters DMC/Transcript and Degree.  |  |   |  |
| 8.   | Experience Certificates from Registrar/ equivalent body of concerned University / institution.     |  |   |  |
| 9.   | Proper No Objection Certificate (NOC). Issued by Competent Authority/employer                      |  |   |  |
| 10.  | Merit/ Gold Medal Certificate ( <i>If Applicable</i> )   |  |   |  |
| 11.  | HEC/IBCC equivalency certificate in case of foreign degrees/certificates.                          |  |   |  |
| 12.  | Signature on Page No.3 of application form.  |  |   |  |

**ACKNOWLEDGEMENT FOR THE RECEIPT OF APPLICATION FORM**

Name of the Candidate: \_\_\_\_\_ Father Name: \_\_\_\_\_

Post applied for: \_\_\_\_\_ Dated: \_\_\_\_\_

Receipt Diary No. \_\_\_\_\_ Signature of the Receiver with date: \_\_\_\_\_

