



University of Swat
 Khyber Pakhtunkhwa, Sector-F, Kanju, Township, Swat
www.uswat.edu.pk
 Ph: (0334) 8923011

Form No. _____

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EMPLOYMENT FORM

For

Application Form for Appointment Under Tenure Track Statutes (TTS)

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

Name (in block letters): _____

Father's Name (in block letters): _____

Terminal (final) Qualification _____ Subject / Area of Specialization _____

Address of University / Institution awarding the terminal degree _____

Address:

i. For Correspondence: _____

ii. Permanent Address: _____

iii. Email: _____ iv. Telephone (Off.): _____ Cell# _____

Date of Birth: ____/____/____ (D/M/Y). Domicile: _____ Age: ____/____/____ (D/M/Y)

National ID Card #: _____ Nationality: _____

Experience:

Post Ph.D. (D/M/Y): _____ Pre Ph.D (D/M/Y): _____ Total (D/M/Y) _____

My PhD thesis was evaluated by (Name, Institution, and Place)*:

i) Name: _____ Institution: _____ Country: _____

Email: _____ Contact No.: _____

ii) Name: _____ Institution: _____ Country: _____

Email: _____ Contact No.: _____

iii) Name: _____ Institution: _____ Country: _____

Email: _____ Contact No.: _____

ACADEMICS & PROFESSIONAL:

i) ACADEMIC DATA

Attach attested photocopies of degrees / transcripts, which clearly indicate the courses undertaken and the grades obtained by you during graduation/Post Graduation/Ph.D etc.

Qualifications	Duration (Month/Year)		Division	Marks Obt/ Total Marks/ CGPA	Subject/ Major Field of Specialization	Full/ Part Time Regular/ Private	Board / University/ Institute/Country
	From	To					
Postdoctoral							
Ph.D							
M.Phil/MS							
Masters/ Equivalent							
Bachelors/ Equivalent							
Intermediate/ Equivalent							
Matric/ Equivalent							

ii) TEACHING/PROFESSIONAL EXPERIENCE

(Attach experience certificate to support your experience)

After	Post/(BPS)	Duration (Month/Year)		University/Institute/ Organization/Country
		From	To	
Ph.D				
M.Phil/MS				
Master & Bachelor				
Other				

Declaration:

I Dr/Mr./Ms. _____ hereby solemnly declare that all the entries/information provided by me in the application form for appointment under TTS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

Date: ____/____/____.

Signature: _____

* This information needs to be provided only by those candidates who are applying for the posts of Assistant professor having a Ph.D. degree from Pakistan.

For Office Use only

Recommendations of the Scrutiny Committee

The candidate is Conditionally Eligible Eligible Not Eligible

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

i	
ii	
iii	

NAME OF EVALUATORS

A- _____

Signature

B- _____

Signature

C- _____

Signature



Office of the Assistant Registrar (M)

University of Swat

(0334) 8923011

www.uswat.edu.pk

khurshid@uswat.edu.pk

ACKNOWLEDGMENT

Form No: _____

Dated: _____

Name: _____ Father's Name: _____

Post Applied for _____

Dealing Assistant



Office of the Assistant Registrar (M)

University of Swat

(0334) 8923011

www.uswat.edu.pk

khurshid@uswat.edu.pk

ACKNOWLEDGMENT

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Post Applied for _____

Dealing Assistant