



University of Swat

Office the Registrar (Meetings Section), Charbagh, Swat

www.uswat.edu.pk

Contact #: 0946-730504 Email: meetings@uswat.edu.pk

Attach two recent pictures here

EMPLOYMENT FORM SUPPORT STAFF OF MAIN CAMPUS (BPS-16 & Below)

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 Marks/ 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 misrepresentation/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)



