**WOMEN CAMPUS**

**Attach one recent picture here**

University of Swat

**Meetings Section, Main Campus, Charbagh, Swat**

[**www.uswat.edu.pk**](http://www.uswat.edu.pk) **Email:** [**meetings@uswat.edu.pk**](mailto:meetings@uswat.edu.pk) **Contact #: 0946-920859**

**EMPLOYMENT FORM FOR SUPPORT STAFF POSITIONS (FIXED PAY)**

|  |  |
| --- | --- |
| **Bank Draft / Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Post applied for** |

1. **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**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **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** |  |  |  |  |  |  |  |

1. **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)

***For Office Use only***

Recommendations of the Scrutiny Committee

The candidate is **Eligible ◻ Not Eligible ◻**

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

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

**NAME & SIGNATURE OF EVALUATORS**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /Convener Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Member/Secretary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECISION OF THE APPELLATE COMMITTEE (IF APPLICABLE)**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Convener Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IV) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member / Secretary Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **INSTRUCTION FOR FILLING APPLICATION FORM:**
2. Read the form carefully before filling the application form.
3. Attach attested copies of all relevant testimonials / documents and experience certificates as you claim in your application form.
4. DMC / Transcripts / Certificates will only be accepted, if issued by the office of the Controller of Examinations concerned.
5. Experience certificate(s) and **NO OBJECTION CERTIFICATE** **(NOC)** will only be accepted if issued by the Registrar in case of University or equivalent body / Appointing Authority of the University/ Institution/Organization otherwise experience will not be counted and NOC will not be acceptable.
6. The experience certificate(s) must contain issuance date, reference No., proper designation along with BPS (*If applicable*) and clear duration of experience gained.
7. Age limit for all support staff positions is 45 years.
8. If a row or a column is not relevant, write “Not Applicable” or "NA”.
9. Cell Phone No, Mailing Address and Email Address must be communicated in writing in case of any change.
10. Applicants are advised to regularly check University of Swat website i.e. [www.uswat.edu.pk](http://www.uswat.edu.pk) and their email for quick information / correspondence.
11. This application form, duly completed along with supported documents should be submitted to the **Office of the Registrar (Meetings Section), Main Administration Block, University of Swat at Charbagh** on or before the closing date as per advertisement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Checklist** | **Attached**  ☑ *Please Tick*  *(if attached)* | **Not Applicable**  ☑ *Please Tick*  *(if not applicable)* | **Page No** *(Write page number on the top right corner of the attached documents)* |
| **1.** | Original Bank receipt/Demand Draft of amount stated in Terms & Conditions (available on www.uswat.edu.pk) 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 Relevant Appointing Authority/Employer. |  |  |  |
| **10.** | Merit/ Gold Medal Certificate (*If Applicable*) |  |  |  |
| **11.** | HEC/IBCC equivalency certificate in case of foreign degrees/certificates. |  |  |  |
| **12.** | Signature on application form. |  |  |  |