



# THE UNIVERSITY OF BUNER

www.ubuner.edu.pk

## JOB APPLICATION FORM (BPS-1 to 16)

(To be filled in by the candidate)

Attach Three  
Attested  
Photographs

Advertisement No: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ F/NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (dd/mm/yyyy) Age: \_\_\_\_\_ (till the closing date of application)

Domicile/District: \_\_\_\_\_ Contact# \_\_\_\_\_ Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_ CNIC No: \_\_\_\_\_

Mailing Address (For Test, Interview Call): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

### 1. ACADEMIC RECORD:

SR#	DEGREE/ CERTIFICATE	MARKS OBTAINED	TOTAL MARKS	PERCENTAGE/ CGPA	Date of Obtaining Degree	Division or Grade	BOARD/INSTITUTION/ UNIVERSITY
1.	Primary						
2.	Matriculation						
3.	Intermediate						
4.	Bachelors						
5.	Masters						
6.	M.Phil./ MS						
7.	PhD						

\*Attested copy of all documents along with certificate of distinction (if any) must be attached

### 2. EMPLOYMENT RECORD (Start from current position)

S#	Name of Institute / Organization	Period		Total Period of Service		Designation & BPS	Job Description (Teaching / Research / Admin)	Permanent / Temporary/ Contract/ Fixed Pay
		From	To	Years	Months			
1.								
2.								
3.								
4.								
5.								

**Total Experience:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

\*Attach experience certificate of employment

### 3. PROFESSIONAL QUALIFICATION/TRAININGS/WORKSHOPS/CERTIFICATION/OTHERS

S#	Name of Institution	Type of Training	Period		Certificate or Diploma obtained
			From	To	
1					
2					
3					
4					

*\*Attach certificate of above*

4. Bank Draft/Receipt No. \_\_\_\_\_ (Please Attach in original)  
Rs. \_\_\_\_\_ Date: \_\_\_\_\_

### 5. LIST OF ATTESTED DOCUMENTS ATTACHED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DECLARATION:

I hereby declare that all the entries in this proforma and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand that any misrepresentation of the facts in it shall result in the rejection of my application, and if an appointment has been accepted, dismissal from the service.

Dated : \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

### SCRUTINY COMMITTEE (FOR OFFICE USE ONLY)

S. No	Name & Designation	Status	Signatures
1.		Convener	
2.		Member	
3.		Member	
4.		Member	

### Recommendations of the Scrutiny Committee

(Tick the status√)

Eligible / Ineligible

(Reason for ineligibility):