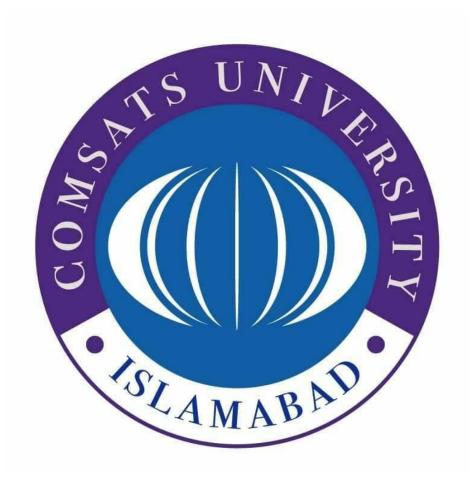
Visiting Faculty Job Application Form

COMSATS UNIVERSITY ISLAMABAD SAHIWAL CAMPUS



Applicant Name	
Post applied for _	
Department	

Note: Please mark/fill information as applicable

Personal Information Name	<u>u</u>			Affix a :	graph
Father's Name				(p <i>asspor</i>	rt size)
Gender	MALE		FEMALE	Ε	
Date of Birth		Age	Years,Mo	onth(s) &	day(.
CNIC No. (copy may also be attached)		-			-
Marital Status			Blood Group		
Nationality			Domicile (copy may also be attached)		
Highest Qualification			Passing Year		
PEC Reg. No. (if applicable)			NTS-GAT (Subject) (copy may also be attached)		
Present/ Postal Address					
Permanent Address					
Mobile No.					
Phone No. (Residence)					
E-Mail					

(II) Academic Background, Professional Training & Extra/ Co-curricular Activities

(a) Academic Background (Please start from highest qualification and go in descending order)

Degree/ Certificate	Sess	sion	Year of	Field/	University/ Ins Board	titute/	Marks	Detail	Grade/ Division/
held	FROM	то	Award	Subject	Institution Name	Country	Obtained	Total	CGPA

(b) **Professional Training** (Please start from most recent training and go in descending order)

Course	Diploma/Certificate	Field of study	Institution	Grade

(c) Ext	(c) Extra/Co-curricular Activities/Hobbies/Interests (if any)						

(III) Employment History (Please start from your recent job and go in descending order)

(a) $\underline{\textbf{Teaching}}$

					Duratio	on Time
Name of				Da	tes	Period
Organization	Designation	Scale	Job Profile	From	То	YY-MM-DD
	Total					MM,DD

(b) **Industrial** (if any)

					Duration	on Time
Name of				Da	tes	Period
Organization	Designation	Scale	Job Profile	From	To	YY-MM-DD
Total					YY,	MM,DD

Total Experience	Years	Months	Days
(Teaching & Industrial)			

(IV) Research Publications

(Must include name of journal; year/volume of publication; page numbers; author(s); title)

(a) <u>National/International Journal Papers</u>

Sr. #	Title of Publication	Complete Name of Journal and Address	Vol. No.	Page No.	Year	HEC approved (Yes/ No)	Impact Factor
1.							
2.							
3.							
4.							

(b) <u>National/International Conference Papers</u>

Sr. #	Title of Publication	Conference	Year	Venue
1.				
2.				
3.				
4.				

(c) <u>Book/ Book Chapter Written</u> (if any)

Sr. #	Title	Subject/ Description	Publisher (if any)
1.			
2.			
3.			

(d) <u>Lab Manual</u> (if any)

Sr. #	Title/ Topic	Subject/ Description	Publisher (if any)
1.			
2.			
3.			

	Reference No: 1.	Name	Position
	Address		
			Phone No
	Email		
	Reference No: 2.	Name	Position
			Phone No
			Thone No
	<u> </u>		
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Confinantho Date Applic	rm that the informatorize you to contact to	tion I have prov	rided is accurate to the best of my knowledge and that I rovided above for further information. Signature of the Applicant