

**Visiting Faculty  
Job Application Form**

**COMSATS UNIVERSITY ISLAMABAD  
SAHIWAL CAMPUS**



**Applicant Name** \_\_\_\_\_

**Post applied for** \_\_\_\_\_

**Department** \_\_\_\_\_

***Note: Please mark/fill information as applicable***

**(I) Personal Information**

Affix a recent  
Photograph  
(*passport size*)

Name	
------	--

Father's Name	
---------------	--

Gender	<table border="1"><tr><td>MALE</td><td></td></tr></table>	MALE		<table border="1"><tr><td>FEMALE</td><td></td></tr></table>	FEMALE	
MALE						
FEMALE						

Date of Birth	____-____-____	Age	____ <i>Years</i> , ____ <i>Month(s)</i> & ____ <i>day(s)</i>
---------------	----------------	-----	---

CNIC No. (copy may also be attached)						-									-	
--------------------------------------	--	--	--	--	--	---	--	--	--	--	--	--	--	--	---	--

Marital Status		Blood Group	
----------------	--	-------------	--

Nationality		Domicile <small>(copy may also be attached)</small>	
-------------	--	--	--

Highest Qualification		Passing Year	
-----------------------	--	--------------	--

PEC Reg. No. ( <i>if applicable</i> )		NTS-GAT (Subject) <small>(copy may also be attached)</small>	
---------------------------------------	--	--	--

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 held	Session		Year of Award	Field/ Subject	University/ Institute/ Board		Marks Detail		Grade/ Division/ CGPA
	FROM	TO			Institution Name	Country	Obtained	Total	

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

Course	Diploma/Certificate	Field of study	Institution	Grade

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

---

---

---

---

---

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

(a) **Teaching**

Name of Organization	Designation	Scale	Job Profile	Duration Time		
				Dates		Period
				From	To	YY-MM-DD
						____-____-____
						____-____-____
						____-____-____
						____-____-____
Total				____YY, ____MM, ____DD		

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

Name of Organization	Designation	Scale	Job Profile	Duration Time		
				Dates		Period
				From	To	YY-MM-DD
						____-____-____
						____-____-____
						____-____-____
						____-____-____
Total				____YY, ____MM, ____DD		

Total Experience (Teaching & Industrial)	Years	Months	Days

**(IV) Research Publications**

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

**(a) National/ International Journal Papers**

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

**(b) National/ International Conference Papers**

<b>Sr. #</b>	<b>Title of Publication</b>	<b>Conference</b>	<b>Year</b>	<b>Venue</b>
1.				
2.				
3.				
4.				

**(c) Book/ Book Chapter Written (if any)**

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

**(d) Lab Manual (if any)**

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

(V) **Reference:-** Provide Two Academic/Professional References

Reference No: 1. Name\_\_\_\_\_ Position\_\_\_\_\_  
Address\_\_\_\_\_  
\_\_\_\_\_  
Phone No\_\_\_\_\_  
Email\_\_\_\_\_

Reference No: 2. Name\_\_\_\_\_ Position\_\_\_\_\_  
Address\_\_\_\_\_  
\_\_\_\_\_  
Phone No\_\_\_\_\_  
Email\_\_\_\_\_

By signing below and submitting this application form I, -----,  
confirm that the information I have provided is accurate to the best of my knowledge and that I  
authorize you to contact the references provided above for further information.

Date\_\_\_\_\_

\_\_\_\_\_  
**Signature of the Applicant**

---

**FOR OFFICE USE**

Application Received by: \_\_\_\_\_ Date \_\_\_\_\_

Checked by: \_\_\_\_\_ Date \_\_\_\_\_

Short Listed ☐ Not Short Listed ☐ if not, reason(s) \_\_\_\_\_

\_\_\_\_\_  
Signature & Name of Dealing Officer \_\_\_\_\_

Date\_\_\_\_\_