

APPLICATION FORM TO BE SUBMITTED BY A CANDIDATE DULY FILLED IN FAILING WHICH HIS / HER APPLICATION SHALL BE REJECTED

			Please attach re	ecent	
APPLICATION NO.	(To be filled in by the off	ica)	Photograph		
		iccy	1½" X 1½	2"	
i. Advertisement,	20			-	
 ii. Original Bank Draft / Pay ,Rs.1000/-for the post of refundable) in favour of Sialkot. iii. Name of the Post appli 	BS- 17 & 18 and Rs. The Treasurer, Gover	8,00/- for rnment Coll	the post of B ege Women	S-16 (no Universit	n-
1. Name of the Candidate (in	Capital letters)				
2. Father's Name	liv			 %	
3. Spouse's Name :					
(for marri	ed candidates only)				
4. Postal Address					
		G.11	2"		
		_Cell no	*	_ E-	
mail Address		ne			
5. Date of Birth	(as recorded in	the Matricu	lation Certific	ate)	
6. Age (on closing date for re	eceipt of applications):				
Years	Months	Day	ys		
7 N. C. 111 C. C. 121					
7. National Identity Card No.					
8. Sex (Male / Female)	9. Reli	gion:			
10. Do you possess the qualif (as specified in the advert	ication prescribed for th				ij
Received application fron					_
for the post of					_
Dated:			Registra	ar office	>

11. ACADEMIC QUALIFICATION.

Please mention details of all examinations / degrees and technical qualifications obtained, starting with Matric in the order in which passed.

`					T		Τ
Position in Board / University		4					
Grade							
Division		_					
Marks obtained							
Total Marks	341						
Year of Passing							
Board / University	a a						
Subjects							
Certificate / Degree	Matric.	Intermediate	B.A / B.Sc.	M.A / M.Sc.	MS / M.Phil.	Ph.D	Others

Note:

All above entries must be supported by certificates or Degrees failing which no claim of Qualification will be maintainable. (All documents should be attested)

12. SERVICE RECORD

Indicate details of vo

	1						
Reason for leaving							
BS or Monthly Salary							
ition	To				8		ř
Duration	From						
Permanent / Temporary / Adhoc							
Govt. / Semi Govt./ Private		9	ı				
Designation Office / Department Govt. / Semi Temporary / Buration		- Ap	-				
Post / Designation					L.		

		ervice has been termina service from			y, please give	
		ex-serviceman, please			1	
		own in the Discharge C	- ·			
		rank at the time of rele	40 (1.5 m) (1.5 m) (1.5 m) (1.5 m) (1.5 m)			
15. If you h	iave e	ver been dismissed / te	rminated / removed from	om any Provincia	ıl /	
Federal	Govt.	/ Autonomous / Semi-ar	utonomous agency of t	he Federal or		
Provinci	al Go	vernment for reasons of	her than want of vacan	cy, mention post		
		Department	Year			
And end	ircle 1	the word applicable to			/ removed.	
		s" or "No" against the ched with this applicati		documents which	you	
A)			Certificate / Degree			
	i)	Matriculation				
	ii)	Intermediate B.A / B.Sc.				
	-	M.A / M.Sc.				
	v)	MS / M. Phil.				
		Ph.D.				
	vii)	Any other document				
B)	i) Es	perience / Service Cert	ificate:			
D)	ii)	Certificate of Distinct				
	iii)	Certificates of co-cur	CANE CONTRACTOR CONTRA			
	iv)	Any other document:				
(1)	:\ T.	CC	D			
C)	1) In	case of Govt. service, Certificate from Appo		sion		
	ii)	In case the candidate				
	Government service due to non-availability of a					
	vacancy, Certificate of such service. iii) In case of Ex-Serviceman, Discharge Certificate					
Supp Know serve Univ Provi	nereby lied by wledge the be ersity isional	y solemnly declare that a y me in this application e and belief. I fully under asis for determination of and my candidature so of l until it is verified with terview.	all the entries made and form are correct to the erstand that the facts given f my eligibility by the determined by the Univ	l information best of my ven above Will versity will stand		
		NOTE: - (All Do	ocuments should	be attested)		
Cand	lidate'	s Signature:			w.:	
Posta	ıl Add	lress:				
Date						

GOVERNMENT COLLEGE WOMEN UNIVERSITY, SIALKOT

CERTIFICATE OF DEPARTMENTAL PERMISSION

TO BE SUBMITTED BY THE CANDIDATE WHO IS IN GOVT. / SEMI GOVT. SERVICE WITH THE APPLICATION FORM DULY COMPLETED, FAILING WHICH THE APPLICATION SHALL BE REJECTED.

1. The following particulars should be filled in by the candidate:-				
a) Name:				
b) Father's Name:				
c) Post held presently:				
d) Office / Department:				
e) Post applied for				
f) Advertisement dated				
Dated: Signature of the Candidate				
The above candidate has been permitted by this Office / Department to apply for the said post and that:- a) He / She has been employed in this Department / Office as since				
b) He / She holds this post in permanent / temporary or adhoc capacity.				
c) There is nothing on record of this Department which may render him Ineligible for the post and that his / her record of service is satisfactory and No departmental proceedings / enquiry are pending against the candidate.				
d) If a Departmental candidate / employee is selected, he / she will be relieved by the parent Department to join the post for which he / she has applied.				
Signature Name and Designation of the Appointing Authority or authorized				
Dated:				

Address for Correspondence

To be filled by the Candidate (Compulsory)

Name:	S/D/o:	
Name:	S/D/o:	
Postal Address:	-,	
Contact No:		
Email Address:		
Name:	S/D/o:	
	S/D/o:	
Contact No.		s .
Contact No:		
Email Address:	S	1.12