



GC WOMEN UNIVERSITY, SIALKOT.

APPLICATION FOR FACULTY POSITION UNDER TENURE TRACK STATUTES

SUMMARY SHEET

Name	(Male/Female)	Department
Position Held	i) Academic	ii) Administrative
Email Address		

ACADEMIC QUALIFICATION

	University	Subject	Specialization	Period
Ph.D.				
Post Doctorate				

SERVICE RECORD

i) Post Ph.D. Teaching/ Research Experience			ii) Pre-Ph.D. Teaching/ Research Experience		
Institute	Position Held	Period	Institute	Position Held	Period

RESEARCH

Research Supervision			Research Record		
Degree	Thesis Supervised	Work in Progress		Total	Last 5 years
Ph.D.			Publication		
MS/ M.Phil.			Projects		
M.Sc.			Books/ Chapters in Book		
B.Sc. (Hons)			i. National		
			ii. International		

Conference/ Seminars/ Workshops			Curriculum Development		
Participated			Degree	University	HEC
National			B.Sc. (H)/ M.Sc.		
International			M.S./ M.Sc.		
Organized			Ph.D		
National					
International					

ANY OTHER FACT



GC WOMEN UNIVERSITY, SIALKOT

APPLICATION FOR FACULTY POSITION UNDER TENURE TRACK STATUTES

(To be filled by the Applicant, for Assistant Professor, Associate Professor, Professor)

Position applied for <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor Subject/Area of Specialization _____ Qualification: _____ Male/ Female: _____ Department: _____	Photograph (Passport size)
---	-------------------------------

1. Name (in block letters): _____	
2. Address:	
i) For Correspondence : _____	
ii) Permanent Address: _____	
iii) E-mail: _____ iv) Telephone (Res): _____ (Off): _____ (Mobile) _____	
3. Date of birth: ____/____/____/ (D/M/Y) i) Age: ____/____/____/ ii) Place of birth _____	
4. Nationality: _____	5. National ID/Passport Number: _____
6. Post PhD Experience (Years) _____ 7. Pre PhD Experience (Years) _____ 8. Total Experience (Years) _____	
9. Current Rank: _____	
10. My PhD thesis was evaluated by (Name, Institution and Place)*:	
i) Name: _____ Institution: _____ Country: _____	
ii) Name: _____ Institution: _____ Country: _____	
iii) Name: _____ Institution: _____ Country: _____	
11. Declaration:	
All the entries/information provided by me for appointment under TTS is verified and correct. If any document is found fake or having incorrect information, the appointment made will be treated as cancelled.	
Date: ____/____/20 Name of Applicant: _____ Signature: _____	

* This information must be provided only by those who are applying for the post of Assistant Professor

FOR OFFICE USE ONLY (To be filled by the respective University Officials)

Position recommended by the authority: <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor	
Subject/Area of Specialization: _____	Qualification: _____
Declaration:	
This is to certify that all the entries and information provided by the applicant are duly checked by the undersigned against their original documentary evidences and found correct/true.	
Checked By: _____ Designation: _____ Signature with Official Stamp: _____	

Address for Correspondence

To be filled by the Candidate (Compulsory)

Name: _____ S/D/o: _____

Postal Address: _____

Contact No: _____

Email Address: _____

.....

Name: _____ S/D/o: _____

Postal Address: _____

Contact No: _____

Email Address: _____

.....

Name: _____ S/D/o: _____

Postal Address: _____

Contact No: _____

Email Address: _____

.....

Name: _____ S/D/o: _____

Postal Address: _____

Contact No: _____

Email Address: _____