# GC Women University, Sialkot.

# **APPLICATION FORM FOR NON TEACHING POSTS**

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

				Pleas	se attach recent	
APPLICATION NO.			7		ograph	
		in by the office)			1½" X 1½"	
i. Advertisement						
ii. Original Bank Draft / ,Rs.1000/-for the post refundable) in favour Sialkot. iii. Name of the Post ap	of BS- 17 & 18 of The Treasur	8 and Rs. 8,00 er, Governmen	% for the	ne po ge V	ost of BS-16 (a Vomen Univer	non-
1. Name of the Candidate	(in Capital letter	·s)				
2. Father's Name						
3. Spouse's Name:						
for ma 4. Postal Address	arried candidates	only)				
		Cell	no		E-	
mail Address		Landline				
5. Date of Birth	(as re	ecorded in the M	Matricul	ation	Certificate)	
6. Age (on closing date for	or receipt of appli	cations):				
Years	Months		Days	S		
7. National Identity Card I	No.					
8. Sex (Male / Female) _		9. Religion:				
10. Do you possess the qu  (as specified in the adv	alification prescr					
Received application for	rom					
for the post of						
_					Registrar offi	ice

11. <u>ACADEMIC QUALIFICATION.</u>
Please mention details of all examinations / degrees and technical qualifications obtained, starting with Matric in the order in which passed.

Certificate / Degree	Subjects	Board / University	Year of Passing	Total Marks	Marks obtained	Division	Grade	Position in Board / University
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 your entire service record upto your present post. (Start from most recent)

Post / Designation	Office /Department	Govt. / Semi Govt./ Private	Permanent / Temporary / Adhoc	Duration		BS or Monthly Salary	Reason for leaving
				From	To		

Total Experience=	
PLEASE ATTACH ONE PAGE BRIEF CV	

						for want of vacan	cy, please give
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						missed / terminate	
			or against the n this applica		tes and other	documents which	n you
	<b>A</b> ) [				cate / Degree	$\neg$	
•		) Matrici	ılation		eace / Begies	_	
		i) Interme	ediate				
	-	ii) B.A/E					
	-	$\frac{\text{v)}  \text{M.A/I}}{\text{M.G./N}}$					
	_	(i) MS / M (i) Ph.D.	l. Phil.			_	
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I	(3)	Experience	/ Service Ce	rtificate:			
	ii		ate of Distin				
	ii	/	ates of co-cu		Activities:		
	iv	)   Any otr	ner documen	τ:			
(	C) $i$	I	Govt. service ate from Ap	_	nental Permis	ssion	
	ii			<u> </u>	n terminated	from any	
		Govern	ment service	due to no	on-availabilit		
			, Certificate			• 6•	
	ii	) In case	of Ex-Servic	eman, Di	scharge Cert	incate	
Su K se U Pr	applied nowled rve the nivers	by me in the lige and belie basis for dety and my control to the light manner of the l	nis application ef. I fully und etermination candidature so	on form are derstand the of my eligo o determin	e correct to the hat the facts go gibility by the ned by the Un	given above Will	
		<u>NOT</u>	E: - (All I	<u>Oocume</u>	nts should	l be attested)	
C	andida	te's Signat	ıre:				
Po	ostal A	ddress:					
D	ate: _						

### 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 shoul	d 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
said post and that:-  a) He / She has been employe	atted by this Office / Department to apply for the ad in this Department / Office assince
	permanent / temporary or adhoc capacity.
Ineligible for the post and	of this Department which may render him that his / her record of service is satisfactory eedings / enquiry are pending against the
-	re / employee is selected, he / she will be relieved by oin the post for which he / she has applied.
	Signature  Name and Designation of the Appointing Authority or authorized  Officer on his behalf.

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