

QUAID-I-AZAM UNIVERSITY

Application Dossier for Appointment under the BPS System

TO BE FILLED BY THE APPLICANT IN BLOCK CAPITALS

Post Applie	ed for:				ur (04) most
Departmen	t/Centre/Institute:			-	oassport size tographs
A: PERSC	ONAL				
Name:		Father	's Name:		
Religion: _		DOB:	Age:		
Domicile:		Marital Status:	CNI	C #:	
Correspond	dence / Postal Address:				
		Telephone (Res)			
B: ACADI	EMIC QUALIFICAT	ION			
Degree	University		Subjects	Division	Year
PhD					
MPhil					
MSc					
BSc					
FSc					
Matric					
Others					

C: PhD Details		
Main Field:		
Sub-field:		
Thesis Title:		
Date of Completion (DD/MM/YY):		
D: TEACHING		
a: Courses Taught		
Course Title	Credit Hours	PhD/MPhil/MSc
b: New Courses Developed		
Course Title	Credit Hours	PhD/MPhil/MSc

E: SERVICE RECORD (Start with your most recent position)

1: Post-PhD Teaching/Research Experience:	Years	Months	Days			
Institution	Position Held		Peri	iod		
			From	То		
2: Pre-PhD Teaching/Research Experience:	Years	Months	Days			
Institution	Position Held		Period			
			From			
3: Postdoctoral fellowships: (Duration of at least six mo	onths)					
Institution	Position Held		Peri	iod		
			From	To		

F: RESEARCH SUPERVISION

a: P	hDs Produced*: (Extra pages may b	e added if required) Total PhDs Produced:	
S. No.	Student's Name	Thesis Title	Year
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
i.	PhD thesis currently under review or	f foreign referees:	
	PhDs produced to date:		
11.	riids produced to date		
iii.	PhDs under supervision:		
* A stude	nt recommended for the award of degree by t	the Advanced Studies & Research Board	
b : M	IPhil Produced: (Extra pages may b	e added if required) Total MPhils Produced:	
S. No.	Student's Name	Thesis Title	Year
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
i.	MPhil produced to date:		
	MPhil students currently under supe		

G: HIGHLIGHTS OF PROFESSIONAL ACHIEVEMENTS

a: List of Publications

1a. Papers published in HEC recognized journals

S#	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Vol. No. & Page No.	HEC Category W/X/Y/Z	Year Published	Impact Factor + Citation (excluding self-citation)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Attach separate sheets of the same format, if required. A SOFT COPY of the same must be forwarded to recruitmentqau@gmail.com for endorsement purposes.

1b. Papers accepted in HEC recognized journals

S. No.	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Category W/X/Y/Z
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

b: Books authored (HEC Recognized)

S. No.	Title of the Book	Year, Publisher
1.		
2.		
3.		
4.		
5.		
6.		

c: C	c: Chapters in edited books (HEC Recognized)				
S. No.	Title of the Book	Year, Publisher			
1.					
2.					

Research Projects (in progress) d:

3.

4.

5.

Project Title	Principal/Co- Principal Investigator	Amount	Sponsoring Agency	Duration

Research Projects (completed)

Project Title	Principal/Co- Principal Investigator	Amount	Sponsoring Agency	Duration

f: Industrial Projects Undertaken

Project Title	Principal/Co- Principal Investigator	Amount	Sponsoring Agency	Duration

	T	
α .	- Patents	C
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Patent Name	Patent No/ Certificate No	Year of Patent Obtained	Patent Agency	Amount

Conferences Organized

Conference Title	Organizer	Location	Date	Sponsoring Agency

i: Conferences Participated

Conference Title	Organizer	Location	Date	Sponsoring Agency

j: Awards

S. No.	Title of the Award	Organization
1.		
2.		
3.		
4.		
5.		
6.		

k:	Others (not covered above) (1000 words maximum)

F: ADMINISTRATIVE SERVICES RENDERED

Position	Responsibilities	Per	Period		
		From	To		
2. Declaration:	By signing below, I acknowledge that the above information is misinformation would render me incligible for the induction	s true to the best of my k	nowledge.		
	By signing below, I acknowledge that the above information is misinformation would render me ineligible for the induction.	s true to the best of my k	cnowledge.		
2. Declaration:		s true to the best of my k	cnowledge.		
		s true to the best of my k	nowledge.		

DEPARTMENTAL PERMISSION CERTIFICATE FOR PERSON IN GOVERNMENT SERVICE

Affix your most recent photograph here.

(1)	(a)	Full Name of the advertised post:
	(b)	Name of Department/Division/Ministry:
(2)	(i)	Name of candidate: _Father's Name:
	(ii)	CNIC Number:
	(iii)	Designation (BPS/TTS):
	(iv)	Present department with complete address:
(3)	my ap	e applied for the above post on the prescribed form separately. Departmental permission for submission of application, may kindly be forwarded to the Registrar, Quaid-i-Azam University, Islamabad, closing date for t of application by the University is
Dated:		Signature of the Applicant
(4)	Forwa	arded: Mr./Miss/Ms/Dris employed in this department/institution/
	organ	ization/university since He/she holds a temporary/permanent/adhoc/contract post under
	the Fe	ederal/Provincial/Semi Government/Government/Autonomous/Corporation (strike out not applicable). His/
	her to	tal continuous government service (Federal/Provincial isYears monthsdays.

(5)	The candidate has a	availed extraordina	ary leave for	Years	Months	days and/or has availed
	study leave for	Years	Months	days.		
(6)	There is nothing ac antecedents/charact		•	•		confidential reports/records, plied for.
(7)	There is no discipli	nary case pending	against him/hei	in the Departm	nent/Organization	, where he /she is serving.
	(to be signed by he	ad of the Departi	ment/Division/I	Ministry (Offic	ial stamp must b	oe affixed)
					Signati	ure of the Official
			Name o	of the Official: _		
			Design	ation:		
			Departi	ment:		
			Addres	s:		