

Application Status:

(for official use only):



UNIVERSITY OF EDUCATION

JOB APPLICATION FORM FOR THE POSTS

(BS-01 to BS-07*)

Affix recent
Passport size
photographs

| | | | |
|--|-----------------|--------------|-------------------|
| Job Applied For: | | Sr. # | |
| Choice of Campus: | | | |
| Special Quota (if any) Please tick relevant Box: | Disabled | Women | Minorities |

1. Bank Draft Information

| | | | |
|-----------------------|--|-------------------------|--|
| Bank Name: | | | |
| Bank Draft No. | | Bank Draft Date: | |

2. Personal Information

| | | | | | | | |
|--|---------|-------|------|--|-------|--------|------|
| Name: Mr./Mrs./Miss (in block letters) | | | | | | | |
| Father/Husband 's Name: (in block letters) | | | | | | | |
| Mailing Address: | | | | | | | |
| Telephone / Mobile: | | | | | | | |
| Email Address: | | | | | | | |
| Date of Birth: | Day | Month | Year | Age as on closing date of Advertisement | Years | Months | Days |
| | | | | | | | |
| C.N.I.C. No: | | | | - | | | |
| Religion: | | | | Nationality: | | | |
| Gender: | Male | | | Female | | | |
| Marital Status: | Married | | | Unmarried | | | |
| Spouse's Name: (if applicable) | | | | | | | |

3. EDUCATIONAL QUALIFICATION (in chronological order)

| Certificate/ Degree | Major Subjects | Institution | Passing year | Marks / CGPA | | Percentage / CGPA |
|---|-------------------|-------------|-----------------|--------------|---------|----------------------|
| | | | | Obtained | Maximum | |
| Primary (05 years) | | | | | | |
| Middle (08 years) | | | | | | |
| Matric Or Equivalent (10 years) | | | | | | |
| FSc/FA Or Equivalent (12 years) | | | | | | |
| BSc/BA Or Equivalent (14 years) | | | | | | |
| MSc/MA Or equivalent (16 years) | | | | | | |
| Any other Higher Degree _____ | | | | | | |

CURRENT STUDY STATUS

| Study Program | Institution | Date of Enrolment | Expected Completion Date |
|---------------|-------------|-------------------|--------------------------|
| | | | |

4. WORK EXPERIENCE (starting from the most recent)

| Organization | Position held/major duties | Duration | | | | | | | |
|--------------|----------------------------|--------------|---|---------------|----|-------------|---|--|--|
| | | From | | | To | | | | |
| | | Y | M | D | Y | M | D | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | Years | | Months | | Days | | | |
| | | | | | | | | | |

5. TRAINING AND OTHER CERTIFICATIONS

| Name & Place of Institution | Certificate / Diploma | Date Attended | | Major Subjects |
|-----------------------------|-----------------------|---------------|----|----------------|
| | | From | To | |
| | | | | |
| | | | | |
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6. DISTINCTIONS/AWARDS

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

7. REFERENCES

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

UNIVERSITY OF EDUCATION, LAHORE

CERTIFICATE OF DEPARTMENTAL PERMISSION

TO BE SUBMITTED BY THE CANDIDATE WHO IS IN GOVT. / SEMI GOVT / AUTONOMOUS BODY 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 _____

2. (This portion should be filled in by the Department / Office.)

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 / adhoc capacity.
- c. 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
Officer on his behalf.

Dated: _____

| | |
|------------------------|--|
| Name: | |
| Postal Address: | |
| | |
| Phone No. | |

| | |
|------------------------|--|
| Name: | |
| Postal Address: | |
| | |
| Phone No. | |

| | |
|------------------------|--|
| Name: | |
| Postal Address: | |
| | |
| Phone No. | |

| | |
|------------------------|--|
| Name: | |
| Postal Address: | |
| | |
| Phone No. | |

UNIVERSITY OF EDUCATION, LAHORE
Job Application Receipt

Diary No.
 (For Office use)

Name of Post: _____

Name of the Candidate _____ D/S/W _____

Received By: Name _____ Signature: _____
 (For official only)