



The Islamia University of Bahawalpur

Phone 062-9250235-7 Fax 062-9250335

EMPLOYMENT FORM Administrative/Non Teaching/other

Recent
Passport size
photograph
should be
affixed here

Post Applied for: _____ BPS: _____

Contract: _____

1. Instructions:

- All columns should not be left blank and all questions should be answered, where applicable.
- All information provided in this form must be supported with attested copies of certificate(s) for confirmation of authenticity of information.
- Column(s) where dates are required should be filled-in with proper dates instead of month/year only.
- Incomplete certificates/degrees need not to be mentioned.

2. a) A crossed postal order worth of Rs 1000/- in favour of "Treasurer, The Islamia University of Bahawalpur" must be attached with this form.

b) Give the number and date of the bank pay order / bank draft/postal order with office of issue.

Number	Date	Office of Issue
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3. Personal Information:

1. Name of Applicant:											
2. Father's Name:											
3. Date of Birth:			Day	Month	Year	Age					
4. Domicile:			Province		District		Tehsil				
5. C.N.I.C No.											
6. Religion						7. Martial Status:					
8. Postal Address:											
9. Permanent Address:											
10. Telephone No. (Off)			(Res.)			(Mob)					

4. Academic Qualifications.

Name of Certificate/Degree	Name of Institution/ Board/ University	Year of Passing	Marks / CGPA			Major Subject(s)
			Total Marks	Marks Obtained	% age	
Matriculation/ O' Level						
Intermediate/ A' Level						
Bachelors (Two Years)						
Bachelors (Four Years)						
Masters						
MPhil/MS						

5. Computer Literacy: (Tick the relevant column)

Skill	Excellent	Good	Poor	Certificate/Diploma
MS Word				
MS Excel				
MS Power Point				
Internet Surfing				
Other Softwares				

(Please specify only name of Certificates / Diploma).

6. Job Experience: (Starting with most recent appointment/job).

Name of Department/ Organization /Firm	Post held (with grade)	Period Served			Reason for Leaving
		From	To	Total Duration	

7. Relative(s) already Employed in IUB. Yes. No.

If yes supply their information, as below.

Sr. #	Name	Designation	Department	Relationship with applicant

8. References:

Sr. #	Name	Department	Contact No.	Address.

9. Are you suffering or have you suffered from any Physical disability? Yes. No.
If yes, then what and when it happened_____.

10. Have you obtained the explicit permission of your present employer to apply for this job?
Yes. No.

11. Have you ever been dismissed/terminated/removed from service in any Government/Semi Government/Autonomous Agency for reasons other than want of vacancy, retrenchment of post? Yes. No.

If yes provide detail below

Name of Post	Department	Year of Termination	Reasons

12. If you appointed how much notice period you required before joining _____

13. Undertaking by the Applicant: It is solemnly affirmed that facts & figures given above are true to the best of my knowledge. Any false information, given by me, shall automatically disqualify me from the candidature of the post applied for.

SIGNATURE OF THE APPLICANT

DATE