MIR CHAKAR KHAN RIND UNIVERSITY OF TECHNOLOGY, DERA GHAZI KHAN

APPLICATION FORM FOR APPOINTMENT OF DAILY WAGES STAFF

Advertisement IPL No.	_____	Fee Paid (Challan No.)	_____
Position Applied For	_____		

1. PERSONAL INFORMATION

Name (in CAPITAL letters)		**Gender**	☐ Male ☐ Female
Father's Name (in CAPITAL letters)		**Marital Status**	☐ Single ☐ Married
CNIC No.		**Religion**	
Domicile District		**Date of Birth**	
Age on Closing Date	_____ Years _____ Months _____ Days	**Disability, if any**	☐ No ☐ Yes
Mobile Phone		**E-mail**	
Permanent Address		**Present Postal Address**	

Present Postal Address: _____

Note: All correspondence will be made at the present postal address through courier or ordinary postal service.

2. EDUCATIONAL QUALIFICATIONS

Sr. No.	Level of Education	Certificate / Degree Title	Major Subject	Date of Declaration of Result (MM/YY)	Obtained Marks / CGPA	Percentage
1						
2						
3						
4						

3. CERTIFICATES / TRAININGS / DIPLOMAS

Sr. No.	Level / Type of Course / Training	Certificate / Diploma Title	Course Duration	Date of Declaration of Result (MM/YY)	Obtained Marks	Percentage
1						
2						

4. PROFESSIONAL EXPERIENCE

Post-Qualification Experience Only

Sr. No.	Organization / Employer Name	Job Title / Designation	From	To	Total Duration
1					
2					
3					

Total Post-Qualification Job Experience: _____ Years _____ Months _____ Days

Note: Any additional information regarding employment record may be annexed as an additional sheet.

5. Driving License Details

Driver post Only

Sr. No.	Driving License No	License Type / Category	Issuing Authority	Issue Date	Expiry Date
1					
2					
3					

5. DOCUMENTS ATTACHED / CHECKLIST

☐ CNIC Copy	☐ Domicile Certificate	☐ Educational Certificates / Degrees	☐ Experience Certificates
☐ Relevant Diploma / Training Certificates	☐ Disability Certificate (if applicable)	☐ Recent Photograph	☐ Original Challan
☐ Driving License	☐ Other: _____		

6. UNDERTAKING BY THE APPLICANT

I hereby solemnly affirm and declare that all the information provided by me in this application form is true, complete and correct to the best of my knowledge and belief. I understand that if any information provided by me is found to be false, incorrect, incomplete, concealed or forged at any stage, my candidature/appointment may be cancelled and I may be liable to legal action under the applicable rules.

Date	_____	**Signature of the Applicant**	_____
Place	_____	**Name of Applicant**	_____

7. FOR OFFICE USE ONLY

Application No.		**Position Applied For**	
Eligibility Status	☐ Eligible ☐ Not Eligible		
Remarks			