

MIR CHAKAR KHAN RIND UNIVERSITY OF TECHNOLOGY D.G.KHAN

PROFORMA FOR EMPLOYMENT (ADMINISTRATIVE / NON-TEACHING)

Recent Passport size photograph should be affixed here

Advertisement Reference No._____

Serial 1	Number	of Post.	
		-	

Post Applied for: _____

1. Instructions:

- i. The application must be filled in block letter and signed by the applicant.
- ii. All information provided in this form must be supported with attested copies of certificate(s) for confirmation of authenticity of information.
- iii. Column(s) where dates are required should be filled-in with proper dates instead of month/year only.
- iv. Incomplete certificates/degrees need not to be mentioned.
- v. Additional sheets maybe used if necessary.

Give the number and date of the bank pay order / bank draft/postal order.

Number	Data	Bank/Office	
Number	Date	of Issue	

2. <u>Personal Information:</u>

1. Name of Applicant:											
2. Father's Name:											
3. Date of Birth: Day			Mont	h		Y	ear		Age		
4. Domicile:	Provir	nce			Dist	rict		Teł	nsil		
5. CNIC No.					-					-	
6. Religion:				7.1	Martia	l Stat	us:				

8. Postal Address:			
9. Permanent Address:			
10. Telephone No. (Office)	(Res.)	(Mob)	

3. <u>Academic Qualifications.</u>

Name of			N	Iarks / CGPA	
Certificate/Degr ee	Name of Institution/ Board/ University	Year of Passing	Total Marks	Marks Obtained	% age
Matriculation/ O' Level					
Intermediate/ A' Level					
Bachelors (Two Years)					
Bachelors (Four Years)					
Masters					
MPhil/MS					
PhD					
Any Other					

4. Experience:

Name of	Contact	Post held	Р	Reason for		
Department/ Organization/Firm	No.	(with grade)	From	То	Total Duration	Leaving

5. <u>Relative(s) already Employed in MCUT University</u>

If Yes provide their information:-

Sr. #	Name	Designation	Department	Relationship with applicant

6. <u>References:</u>

Sr. #	Name	Department	Contact No.	Address.

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 Dismissed / Termination / Removed	Reasons

- 8. Are you suffering or have you suffered from any Physical disability? Yes No If yes, then what and when it happened______
- 9. Have you obtained the explicit permission of your present employer to apply for this job? Yes No

10. If you appointed how much notice period you required before joining ______

11. 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.

DATE_____

SIGNATURE OF THE APPLICANT

Attachment:

i) Curriculum Vitae (CV)

No

Yes