

Application Status: ☐

(for official use only)



EMBED CorelDRAW.Graphic.10

JOB APPLICATION FORM FOR THE POSTS (BS-02 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	

6. DISTINCTIONS/AWARDS

1.	
2.	
3.	
4.	
5.	
6.	

7. REFERENCES

1.	
2.	
3.	

8. CHECK LIST

Identify documents attached with this application

1. Academics Certificates / Degrees
 - a. Primary
 - b. Middle
 - c. Matriculation
 - d. Intermediate
 - e. Bachelor
 - f. Master
 - g. M. Phil or any other Higher Degree
2. CNIC
3. Two passport size photographs
4. Domicile
5. Experience / Service Certificate/s
6. Trainings / any other Certifications
7. NOC / DPC, issued by the Appointing Authority
(In case of Government/Semi Government/Autonomous)
8. In case of Ex-Serviceman, Discharge Certificate / Copy of Service Book
9. Original Bank Draft

[illegible]

9. DECLARATION

I, _____ D/S/W _____ do hereby solemnly declare that testimonials / degrees / diplomas / experience certificates or any other documents attached alongwith are valid and true to the best of my knowledge and belief. In case of any information contained herein is found at any stage to be missing, untrue, false or forged, I will be responsible and liable to legal action.

Date: _____ Candidate's Signature: _____

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)