



HAZARA UNIVERSITY, MANSEHRA PAKISTAN

Ph: 0997-414163, Fax 0997-530046

Post applied for: - _____

Bank Draft/University Receipt No. _____

Dated: - _____ Bank Name: - _____

Attach
attested
recent
passport size
photograph

Instructions: -

- (a) Please fill each row and column in this performa very carefully.
- (b) If a row or a column is not relevant, write "Not Applicable" or "NA".
- (c) Wherever necessary, use additional sheets for additional information.
- (d) Incomplete performa/application will not be entertained.

1. Name (in block letters): _____

2. Father's Name: _____

3. (a) Date of birth: _____ (b) Domicile: _____

4. (a) Phone: _____ (b) Mobile: _____

5. (a) CNIC: _____ (b) Email: _____

6. (i) Address (for Test, Interview call, etc): _____

(ii) Permanent Home Address: _____

7. Educational Record:

Level of Education	Name of Examination Passed	Institution or Board or University	Date of obtaining certificate degree	Academic Marks		Division or Grade	% age/ CGPA	Major Subjects
				Obt.	Total			
Matriculation								
Intermediate								
Bachelors								
Masters								
Doctorate								
Any other								

Note: Attach certificates of distinction

8. EMPLOYMENT RECORD:

Please indicate various appointments in chronological order.
(Use additional sheets if needed)

Scale of Pay (if applicable)	Designation	Dates		Name & address of employer	Major Duties & responsibilities
		From	To		

9. **Other Formal Training or Education:**

* Please mention %age marks along with CGPA and attach certificate for distinction.

Name & Place	Type of Training	Duration		Certificate or Diploma obtained	Division or Grade / %age
		From	To		

10. PUBLICATIONS _____

(Use additional sheets, if needed)

11. Details of documents etc. attached.

- a. _____ b. _____ c. _____ d. _____
 e. _____ f. _____ g. _____ h. _____
 i. _____ j. _____ k. _____ l. _____

12. **Declaration**

I hereby declare that all the entries in this performa and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand that any misrepresentation/concealment of facts in it shall result in the rejection of my application, and even after my selection as _____ shall lead to dismissal/termination from service.

Dated: _____

Signature of Candidate

✂-----

FOR OFFICE USE ONLY
 RECOMMENDATIONS OF THE SCRUTINY COMMITTEE

Please tick the relevant

The candidate is

Eligible OR **Not Eligible**

If the candidate is **Not Eligible** please state the reasons:

- _____
- _____
- _____

Name of evaluator: 1. _____ Signature _____

2. _____ Signature _____

3. _____ Signature _____

Concerned Dean: _____