

Kohat University of Science & Technology

Kohat 26000, Khyber Pakhtunkhwa, Pakistan Ph # 0922-554563-554565, Fax # 554556

EMPLOYMENT FORM

Post applied for:-			
Bank Slip No:	D	Dated :	
Fee Deposit Rs :	N	Name of Bank :	

Attach attested recent passport size photograph

Instructions:-

- (a) Please fill each row and column in this proforma very carefully and no column be left blank.
- (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) All entries in this form preferably be typed.
- (e) Incomplete proforma will not be entertained.

1.	Name (in block letters):-									
2.	2. Father's Name:-									
3.	Date of b	irth:-		Religion :-						
	Phone:-			Mobile:-	Domicile:-					
	CNIC:-			Email:-	Marital Status:-					
4.	(i) Mailing Address (for Test, Interview call, etc):-									
	(ii) Permanent Home Address:-									

5. Academic Record:

Level	Name of Institution or Examinati Board or Co		Date of obtaining	Academ	ic Marks	Division	% age/	*Distinction
of Education		certificate/ Degree	Obt	Total	or Grade	C.G.P.A	$(1^{st},2^{nd},3^{rd})$	
Matriculation								
Intermediate								
Bachelors								
Masters								
Others								

*Note: Please attach certificate of distinction (if any)

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6. EMPLOYEMENT RECORD:

Please indicate various appointments in chronological order.

Pay Scale	Designation	Per	riod	Total	Period	Name of Institution/	Major Duties & responsibilities performed	Institution/ responsibilities	
(if any)	Designation	From	То	Years	Months	Organization served			

(Attached extra sheet, if required)

7. Enclosure (Photo copies of attached attested documents):-

	DM	DMCs		Certificates Degrees		rees	Experience/NOC Certificate		Remarks (if any)
	Yes	No	Yes	No	Yes	No	Yes	No	
Matric									
Intermediate									
Bachelors (Hons)									
M.Phil/MS									
Ph.D									
Experience Certificate									
Character Certificate									
Domicile Certificate									
Publications									

9. **DECLARATION**

I hereby declare that all the entries in this proforma 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 of the facts in it shall result in the rejection of my application, and if an appointment has been accepted, dismissal from the service.

Dated :		Signature of applicant
	For Office Use Only	
	Recommendations of the Scrutiny Committee	
	(Tick the status√)	Eligible / Ineligible
(Reason for ineligibility		

Scrutiny Committee

S.No	Name & Designation	Status	Signatures
1.		Convener	
2.		Member	
3.		Member	
4.		Member	
5.		Secretary	

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