



Abbottabad University of Science & Technology

KPK, Pakistan

Phone # +92 (992) 402117 www.aust.edu.pk

Please attach
three recent
Passport size
Photograph

Post applied for: - _____

Bank Draft / Receipt No. _____ Dated: _____

Bank Name and code:- _____

Instructions:-

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

1. Do You Want us to Keep Your Information Confidential: Yes/No

2. Do you claim any disability Yes/No

a. If Yes then explain: _____

3. Name (in block letters): _____

4. Father's Name: _____

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

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

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

8. (i) Address _____

(ii) Permanent Home Address: _____

9. EDUCATIONAL QUALIFICATION:

Level of Education	Name of Examination Passed	Institution of Board or University	Date of Obtaining Certificate /Degree	Academic Marks		Division or Grade	% age / CGPA	Major Subject
				Obt.	Total			
Matriculation								
Intermediate								
Bachelor								
Master								
M. Phil / MS								
Doctorate								
Any Other								

Note: Attach Academic certificates/degrees and Certificates of Distinctions

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		

Note: Attach experience certificate

10. OTHER FORMAL TRAINING OR EDUCATION / CONFERENCES

S#	Conference	Place	From	To
1				
2				
3				
4				
5				
6				

10. Number of Publications in HEC recognized journals (attach list of papers) _____.

11. 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:

1. _____
2. _____
3. _____

Name of Evaluator:

- 1 Name. _____ Signature _____
- 2 Name. _____ Signature _____
- 3 Name. _____ Signature _____

Concerned Dean/Chairman/HoD/HoS: _____