



Abbottabad University of Science & Technology

JOB APPLICATION FORM

Phone # +92 (992)- 402117

www.aust.edu.pk

TO BE FILLED BY THE APPLICANT IN BLOCK CAPITALS

- | | |
|--|--------|
| 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: _____ | |

Affix three (03) most recent passport size photographs

Post Applied for: _____ Dated: _____

Bank Draft Receipt no: _____ Bank Name & Code: _____

INSTRUCTIONS:

- Please each row and column in this Performa carefully.
- If a row / column is not relevant, Write N/A or Not Applicable.
- Wherever necessary use additional sheet for additional information.
- Incomplete Application/ Performa will not be entertained.

A: PERSONAL

Name: _____ Father's Name: _____

Religion: _____ DOB: _____ Age: _____

Domicile: _____ Marital Status: _____ CNIC #: _____

Correspondence / Postal Address: _____

Permanent Address: _____

Email: _____ Telephone (Res). _____ Cell: _____

B: ACADEMIC 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 Attested copy of Academic Certificates/Degree and Distinction Certificates.

C: EMPLOYMENT RECORD

Scale of Pay (If Applicable)	Designation	Name & Address of Employer	Major Duties / Responsibilities	Date	
				From	To

Note: Attach Attested copy of Experience Certificates.

D: OTHER FORMAL TRAINING/ EDUCATION/CONFERENCES

Sr. No	Conferences	Place	From	To
1.				
2.				
3.				
4.				
5.				

No of Publications in HEC Recognized Journals. Attach list of Papers. _____

Declaration: By signing below, I acknowledge that the above information is true to the best of my knowledge. Any misinformation would render me ineligible for the induction.



Date : _____

Signature of the Applicant

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: _____