

Abbottabad University of Science & Technology

Job Application form for Assistant professor

<https://aust.edu.pk/download-section/>

Phone # +92 (992)- 812118



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 four (04) most recent passport size photographs

Post Applied for: _____

Department: _____

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								

C: PhD Details

Main Field: _____

Sub-field: _____

Thesis Title: _____

Date of Completion (DD/MM/YY): _____

D: SERVICE RECORD (Start with your most recent position)

1: Teaching/Research/Professional Experience: _____ Years _____ Months _____ Days

Institution	Position Held	Period	
		From	To

E: RESEARCH SUPERVISION

a: PhDs Produced*: (Extra pages may be added if required) **Total PhDs Produced:** _____

S. No.	Student's Name	Thesis Title	Year
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

i. PhD thesis currently under review of foreign referees: _____

ii. PhDs produced to date: _____

iii. PhDs under supervision: _____

* A student recommended for the award of degree by the Advanced Studies & Research Board

b: MPhil Produced: (Extra pages may be added if required) **Total MPhils Produced:** _____

S. No.	Student's Name	Thesis Title	Year
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

i. MPhil produced to date: _____

ii. MPhil students currently under supervision: _____

F: HIGHLIGHTS OF PROFESSIONAL ACHIEVEMENTS**a: List of Publications****1a. Papers published in HEC recognized journals**

S #	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Vol. No. & Page No.	HEC Category W/X/Y/Z	Year Published	Impact Factor + Citation (excluding self-citation)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Attach separate sheets of the same format, if required. A SOFT COPY of the same must be forwarded to registrar@aust.edu.pk. for endorsement purposes.

1b. Papers accepted in HEC recognized journals

S. No.	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Category W/X/Y/Z
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Attach acceptance letter from editor of the journal.
Attach separate sheets of the same format, if required.

b: Books authored (HEC Recognized)

S. No.	Title of the Book	Year, Publisher
1.		
2.		
3.		
4.		
5.		
6.		

c: Chapters in edited books (HEC Recognized)

S. No.	Title of the Book	Year, Publisher
1.		
2.		
3.		
4.		
5.		

d: Research Projects (in progress)

Project Title	Principal/Co-Principal Investigator	Amount	Sponsoring Agency	Duration

e: Research Projects (completed)

Project Title	Principal/Co-Principal Investigator	Amount	Sponsoring Agency	Duration

f: Industrial Projects Undertaken

Project Title	Principal/Co-Principal Investigator	Amount	Sponsoring Agency	Duration

g: Patents

Patent Name	Patent No/ Certificate No	Year of Patent Obtained	Patent Agency	Amount

h: Conferences Organized

Conference Title	Organizer	Location	Date	Sponsoring Agency

i: Conferences Participated

Conference Title	Organizer	Location	Date	Sponsoring Agency

j: Awards

S. No.	Title of the Award	Organization
1.		
2.		
3.		
4.		
5.		
6.		

k: Others (not covered above) (1000 words maximum)

Empty response box for the question.

G: ADMINISTRATIVE SERVICES RENDERED

Position	Responsibilities	Period	
		From	To

Two academic references (optional):

1.

2.

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 and Place: _____

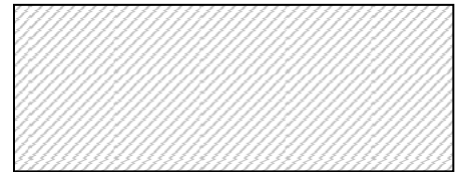
Signature of the Applicant

DEPARTMENTAL PERMISSION CERTIFICATE FOR PERSON IN GOVERNMENT SERVICE

- (1) (a) Full Name of the advertised post: _____
- (b) Name of Department/Division/Ministry: _____
- (2) (i) Name of candidate: _Father’s Name: _____
- (ii) CNIC Number: _____
- (iii) Designation (**BPS/TTS**): _____
- (iv) Present department with complete address: _____
- _____



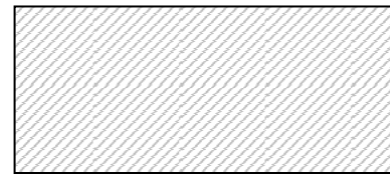
(3) I have applied for the above post on the prescribed form separately. Departmental permission for submission of my application, may kindly be forwarded to the Registrar, Abbottabad University of Science & Technology, Havelian Abbottabad, closing date for receipt of application by the University is _____.



Dated: _____

Signature of the Applicant

(to be signed by head of the Department/Division/Ministry (Official stamp must be affixed))



Signature of the Official

Name of the Official: _____

Designation: _____

Department: _____

Address: _____

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: _____