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|  | **Abbottabad University of Science & Technology****Job Application form**<https://aust.edu.pk/career/> Phone # **+**92 (992)- 812118 |
| **TO BE FILLED BY THE APPLICANT IN BLOCK CAPITALS*****Affix your four (04) most recent passport-size photographs*** |
| 1. **Do You Want us to Keep Your Information Confidential: Yes/No**
2. **Do you claim any disability Yes/No**
	1. **If yes, then explain:**
 |  |
| \*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 |  |  |  |  |  |  |  |  |  |



*\*If BPS or TTS is not mentioned with the Post (Applied for) then this Application form will be considered for BPS.*

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|  | Intermediate |  |  |  |  |  |  |  |  |  |
|  | Bachelor |  |  |  |  |  |  |  |  |  |
|  | Master |  |  |  |  |  |  |  |  |  |
|  | M. Phil / MS |  |  |  |  |  |  |  |  |  |
|  | Doctorate |  |  |  |  |  |  |  |  |  |
|  | Any Other |  |  |  |  |  |  |  |  |  |
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| **C: PhD Details** |
| Main Field: Sub-field: Thesis Title: Date of Completion (DD/MM/YY):  |
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| **D: SERVICE RECORD (Start with your most recent position)** |
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| **1: Teaching/Research/Professional Experience: Years Months Days** |
| **Institution** | **Position Held** | **Period** |
| **From** | **To** |
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| **E: RESEARCH SUPERVISION** |
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| **a:** | **PhDs Produced\*:** (Extra pages may be added if required) **Total PhDs Produced:**  |
| **S. No.** | **Student’s Name** | **Thesis Title** | **Year** |
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| 8. |  |  |  |
| 1. PhD thesis currently under review by foreign referees:
2. PhDs produced to date:
3. PhDs under supervision:

\* A student recommended for the award of a 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** |
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| 1. MPhil produced to date:
2. MPhil students currently under supervision:
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| **F: HIGHLIGHTS OF PROFESSIONAL ACHIEVEMENTS** |
| **a:** | **List of Publications** |
| **1a.** | **Papers published in HEC-recognized journals** |



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| --- | --- | --- | --- | --- | --- | --- | --- |
| **S #** | **Name of Author** | **Complete Name of the 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. |  |  |  |  |  |  |  |
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| 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

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| --- | --- | --- | --- | --- |
| **S. No.** | **Name of Author** | **Complete Name of the Journal and Address with ISSN (Print) No.** | **Title of Publication** | **Category W/X/Y/Z** |
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| Attach an acceptance letter from the editor of the journal. Attach separate sheets of the same format if required. |

**b: Books authored (HEC Recognized)**

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| **S. No.** | **Title of the Book** | **Year, Publisher** |
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**c: Chapters in edited books (HEC Recognized)**

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| **S. No.** | **Title of the Book** | **Year, Publisher** |
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**d: Research Projects (in progress)**

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| **Project Title** | **Principal/Co-Principal Investigator** | **Amount** | **Sponsoring Agency** | **Duration** |
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**e: Research Projects (completed)**

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| **Project Title** | **Principal/Co-Principal Investigator** | **Amount** | **Sponsoring Agency** | **Duration** |
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**f: Industrial Projects Undertaken**

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| **Project Title** | **Principal/Co-Principal Investigator** | **Amount** | **Sponsoring Agency** | **Duration** |
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**g: Patents**

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| **Patent Name** | **Patent No/ Certificate No** | **Year of Patent Obtained** | **Patent Agency** | **Amount** |
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**h: Conferences Organized**

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| **Conference Title** | **Organizer** | **Location** | **Date** | **Sponsoring Agency** |
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**i: Conferences Participated**

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| **Conference Title** | **Organizer** | **Location** | **Date** | **Sponsoring Agency** |
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**j: Awards**

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| **S. No.** | **Title of the Award** | **Organization** |
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| **k:** | **Others (not covered above) (1000 words maximum)** |

**G: ADMINISTRATIVE SERVICES RENDERED**

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| **Position** | **Responsibilities** | **Period** |
| **From** | **To** |
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**Two academic references (optional): 1.**

**2.**

**Declaration:** By signing below, I acknowledge the following:

1. The above information is true to the best of my knowledge
2. I don’t have any pending inquiries (with my current and/or previous Employer)
3. I don’t have any criminal court cases against me
4. Any misinformation would render me ineligible for the induction.



|  |  |
| --- | --- |
| Date and Place:  | Signature of the Applicant |

**DEPARTMENTAL PERMISSION CERTIFICATE FOR PERSON IN GOVERNMENT SERVICE**

Affix your most recent photograph here.

1. (a) Full Name of the advertised post:

(b) Name of Department/Division/Ministry:

1. (i) Name of candidate: Father’s Name:
	1. CNIC Number:
	2. Designation (BPS/TTS): \_\_ \_ \_\_ \_\_
	3. Present department with complete address:
2. I have applied for the above post on the prescribed form separately. Departmental permission for submission of my application may be forwarded to the Registrar, Abbottabad University of Science & Technology, Havelian Abbottabad, before the closing date for receipt of the application by the University is .



|  |  |
| --- | --- |
| Dated:  | Signature of the Applicant |

## (To be signed by the 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 for the candidate.

 **Eligible** OR **Not Eligible.**

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

# 1.

**2.**

**3.**

**Names of Evaluators:**

1. **Name**. Signature
2. **Name**. Signature
3. **Name**. Signature

Concerned Dean/Chairman: