



**ABBOTTABAD UNIVERSITY OF SCIENCE &
TECHNOLOGY**
Khyber Pakhtunkhwa, Pakistan

Job Application Form

For the post of Administrative Officer/Staff (Ref: Advertisement No. 03/2026)

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

Phone: 0992-922525

Email: recruitments@aust.edu.pk

1) Post Applied For: - _____

2) Bank Draft/ Receipt No: - _____ Dated: _____

3) Bank Name and Code: - _____

Please attach
three recent
Passport size
Photograph

4) Do you want us to Keep Your Information Confidential: Yes/No

5) Do you claim any disability Yes/No

(a) If Yes then explain: _____

6) Name (in block letters): _____

7) Father's Name: _____

(a) Date of birth: _____

(b) Mobile/Phone: _____

(c) CNIC: _____

(d) Domicile: _____

(f) Email: _____

8) (i) Address _____

9) (ii) Permanent Home Address: _____

10) 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.

11) 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		

12) OTHER FORMAL TRAINING OR EDUCATION/ CONFERENCES

S.No.	Conference	Place	From	To
1				
2				
3				
4				
5				
6				

13. 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/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**_____