



QUAID-I-AZAM UNIVERSITY

Application Dossier for Appointment under the BPS System

TO BE FILLED BY THE APPLICANT IN BLOCK CAPITALS

Post Applied for: _____

Department/Centre/Institute: _____

Affix four (04) most recent passport size photographs

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

Degree	University	Subjects	Division	Year
PhD				
MPhil				
MSc				
BSc				
FSc				
Matric				
Others				

C: PhD Details

Main Field: _____

Sub-field: _____

Thesis Title: _____

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

D: TEACHING**a: Courses Taught**

Course Title	Credit Hours	PhD/MPhil/MSc

b: New Courses Developed

Course Title	Credit Hours	PhD/MPhil/MSc

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

1: Post-PhD Teaching/Research Experience: _____ **Years** _____ **Months** _____ **Days**

Institution	Position Held	Period	
		From	To

2: Pre-PhD Teaching/Research Experience: _____ **Years** _____ **Months** _____ **Days**

Institution	Position Held	Period	
		From	To

3: Postdoctoral fellowships: (Duration of at least six months)

Institution	Position Held	Period	
		From	To

F: 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: _____

G: 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 recruitmentqau@gmail.com 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 box for text entry.

F: 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**

Affix your most recent
photograph here.

- (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, Quaid-i-Azam University, Islamabad, closing date for receipt of application by the University is _____.

Dated: _____


Signature of the Applicant

- (4) Forwarded: Mr./Miss/Ms/Dr. _____ is employed in this department/institution/organization/university since _____. He/she holds a temporary/permanent/adhoc/contract post under the Federal/Provincial/Semi Government/Government/Autonomous/Corporation (strike out not applicable). His/her total continuous government service (Federal/Provincial is _____ Years _____ months _____ days.

- (5) The candidate has availed extraordinary leave for _____ Years _____ Months _____ days and/or has availed study leave for _____ Years _____ Months _____ days.
- (6) There is nothing adverse in his / her performance evaluation report (PER) / annual confidential reports/records, antecedents/character, which may render him/her ineligible/unsuitable for the post applied for.
- (7) There is no disciplinary case pending against him/her in the Department/Organization, where he /she is serving.

(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: _____