

# NATIONAL UNIVERSITY OF MODERN LANGUAGES SECTOR H-9, ISLAMABAD

# www.numl.edu.pk

Application Form for Appointment on BPS / TTS / Contract

#### TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS

Post Applied for :		_		(03) recent
On BPS/TTS/Contract	:	_	passpo photog	
Department/Discipline	::	_		
Campus:		_		
(Islamabad, Lahore, Karachi, P	eshawar, Multan, Faisalabad, Quetta and Hyderabad)			
A: PERSONAL				
Name:	Father'	s Name:		
Religion:	DOB:	Age:		
Domicile:	Marital Status:	CNIC #:		
Correspondence / Post	al Address:			
Permanent Address: _				
Email:	Telephone (Res)	Cell: _		
B: ACADEMIC QUA	ALIFICATION			
Degree	University	Subjects	Division/ CGPA/ Grade	Year
PhD				
M Phil/MS				
Master				
Bachelor				
HSSC				
SSC				
Others				
C: PhD Details				
Main Field:				
Sub-field:				
Thesis Title:				
Date of Completion (D	DD/MM/YY):			

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

1: Post-PhD Teaching/Research Experience: _	Years	Months.
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Institution	Position Held	Period	
		From	To

2: Pre-PhD	Teaching/Research	<b>Experience:</b>	Years	Months.

Institution	Position Held	Period	
		From	To

#### E: 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.				

#### F: Conferences Organized (In last two years)

Conference Title	Organizer	Location	Date	Sponsoring Agency

#### **G:** Conferences Participated (In last two years)

Conference Title	Organizer	Location	Date	Sponsoring Agency

#### **H: DETAIL/ LIST OF PUBLICATIONS**

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.							
Attac	h separate sheets of the s	ame format if required	1		1		

Attach separate sheets of the same format, if required.

#### ANY RELATIVE(S) WORKING IN NUML

	Name	Designation/Post	Relationship
Two academic r	eferences (optional):		
Declaration: I		ledge that the above information is true to the	e best of my knowledge. Any
r	misinformation would render	me ineligible for the induction.	
Date:			Signature of the Applicant

Note: Please note that the Proformae should be complete in all respects, incomplete Proformae will not be entertained. Also attached attested photocopies of all educational/professional documents alongwith the application form.

## NO OBJECTION CERTIFICATE (NOC) 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:		Affix your most
	(ii)	CNIC Number:		recent photograph here
	(iii)	Designation (BPS):		
	(iv)	Present department with complete address:		
(3)	It is	to certify that Mr./Miss/Ms/Dr.		is employed in thi
		ment/institution/ organization/university since		
		/contract post under the Federal/Provincial/Semi (		
		Years months.		C
(4)		is nothing adverse in his / her Performand ts/Records, antecedents/character, which may rend	•	·
(5)	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/M	inistry (Official stamp must	be affixed)
			-	
				Signature & Stamp of the Official
			Name of the Official:	
			Designation:	
			Department:	
			Address:	