

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 : | | | Affix three passpo | | |
|------------------------|------------------|----------|-----------------------------|-------------|--|
| On BPS/TTS/Contract | : | _ | | photographs | |
| Department/Discipline | : | _ | | | |
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| A: PERSONAL | | | | | |
| Name: | Father | 's Name: | | | |
| Religion: | DOB: | Age: | | | |
| Domicile: | Marital Status: | CNIC #: | | | |
| Correspondence / Posta | al Address: | | | | |
| Permanent Address: | | | | | |
| | Telephone (Res). | | | | |
| B: ACADEMIC QUA | LIFICATION | | | | |
| Degree | University | Subjects | Division/ CGPA/ Grade | Year | |
| PhD | | | | | |
| M Phil/MS | | | | | |
| Master | | | | | |
| Bachelor | | | | | |
| HSSC | | | | | |
| SSC | | | | | |
| Others | | | | | |
| C: PhD Details | | 1 | | 1 | |
| Main Field: | | | | | |
| Sub-field: | | | | | |
| Thesis Title: | | | | | |
| Date of Completion (D | D/MM/YY): | | | | |

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

| 1: Post-PhD | Teaching/Research E | xperience: | Years | Months. |
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| Institution | Position Held | Period | |
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2: Pre-PhD Teaching/Research Experience: ______ Years _____ Months.

| Institution | Institution Position Held | | Period | |
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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 |
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| 1. | | | | |
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F: Conferences Organized

| Conference Title | Organizer | Location | Date | Sponsoring Agency |
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G: Conferences Participated

| Conference Title | Organizer | Location | Date | Sponsoring Agency |
|------------------|-----------|----------|------|----------------------|
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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) |
|-------|----------------------------|--|----------------------|------------------------|----------------------------|-------------------|--|
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| Attac | h separate sheets of the s | ame format if required | 1 | | 1 | | 1 |

Attach separate sheets of the same format, if required.

ANY RELATIVE(S) WORKING IN NUML

| Name | Designation/Post | Relationship | |
|-------------------------------------|------------------------------------|-----------------------------|----------------|
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| Two academic references (optional): | | | |
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| | r me ineligible for the induction. | n is true to the best of my | knowledge. Any |
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Signature of the Applicant

5

Date: _____

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.

$\frac{\text{NO OBJECTION CERTIFICATE (NOC)}}{\text{FOR}}$

PERSON IN GOVERNMENT SERVICE

| (1) | (a) | Full Name of the advertised post: | | |
|-----|--------|--|--|--|
| | (b) | Name of Department/Division/Ministry: | | Affix your most recent photograph here |
| (2) | (i) | Name of candidate: Father's Name: | | |
| | (ii) | CNIC Number: | | |
| | (iii) | Designation (BPS): | | |
| | (iv) | Present department with complete address: | | |
| | | | | |
| (3) | It is | s to certify that Mr./Miss/Ms/Dr | | is employed in this |
| | depar | tment/institution/ organization/university since | He/she h | olds a temporary/permanent/ |
| | adhoc | c/contract post under the Federal/Provincial/Semi | Government. His/ her total co | ontinuous government service |
| | is | Years months. | | |
| (4) | | e is nothing adverse in his / her Performa rts/Records, antecedents/character, which may re | • | • |
| (5) | There | is no disciplinary case pending against him/her | in the Department/Organization | n, where he /she is serving. |
| | (To be | e signed by Head of the Department/Division/ | Ministry (Official stamp mus | t be affixed) |
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| | | | | Signature & Stamp of the Official |
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| | | | Name of the Official: | |
| | | | Designation: | |
| | | | Department: | |
| | | | Address: | |