

NATIONAL UNIVERSITY OF MODERN LANGUAGES
FAISALABAD CAMPUS

Post Lecturer

Department/Discipline _____

Specialization _____

Status Contract Visiting

Name				Paste Photograph
Father's Name				
NIC No.		Domicile (District)		
		Domicile (Province)		
Date of Birth		Marital Status		
Religion		Mobile No.		
Address				

QUALIFICATIONS

Certificate Degree	Discipline/ Subject	Passing Year	Board / University	Grade/ Div/CGPA
Matric				
FA/FSc				
Bachelors				
Masters				
M.Phil/MS				
PhD				

EXPERIENCE

Designation/Post	From	To	Regular/ Contract	Organization

As per attached documents

Total Experience _____ Years

RESEARCH PUBLICATIONS (IF APPLICABLE)

Total Publications					In Last 5 years	HEC Approved / Not Approved
W	X	Y	Z	Total		

ANY RELATIVE(S) WORKING IN NUML

Name	Designation/Post	Relationship

(I, _____ affirm that above information is correct to the best of my knowledge and belief. I fully understand that in case of false information, my appointment is liable to be terminated and shall render me to legal and disciplinary action including dismissal from the service)

(Candidate's Signature)