



NATIONAL UNIVERSITY OF MODERN LANGUAGES

SECTOR H-9, ISLAMABAD

www.numl.edu.pk

Application Form for Appointment on BPS

TO BE FILLED IN BY THE APPLICANT IN BLOCK LETTERS

*Affix two (02) recent
passport size
photographs*

Post Applied for : _____

Department/Discipline: _____

Campus: _____

A: PERSONAL

Name: _____ Father's Name: _____ Spouse Name: _____

Religion: _____ DOB (DD/MM/YY): _____ Age (DD/MM/YY): _____

Domicile/ District: _____ Marital Status: _____ CNIC #: _____

Correspondence / Postal Address: _____

Permanent Address: _____

Email: _____ Telephone (Res). _____ Cell: _____

B: ACADEMIC QUALIFICATION

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 (DD/MM/YY): _____

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

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

Institution	Position Held	Period	
		From	To

2: Pre-PhD Teaching/Research Experience: _____ 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.				

Attach acceptance letter from editor of the journal. Attach separate sheets of the same format, if required.

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. #	Title of the published Article / Paper*	Total Number of Authors*	Author Position* (1,2,3,4,....)	Name of the Journal*	Journal Type* (National / International)	ISSN Number*	Volume Number*	Issue Number* If Issue # not assigned, then specify Year of Publication	Journal Category* (W,X,Y,Z)	Scopus Indexed* (Yes / No)	Web of Science Indexed* (Yes / No)	Date of Publication* (DD-MM-YYYY)	Upload / Attach the Paper*
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

Attach separate sheets of the same format, if required.

ANY RELATIVE(S) WORKING IN NUML

Name	Designation/Post	Relationship

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: _____

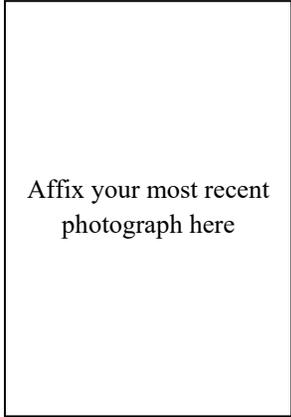
Signature of the Applicant

Note: Please note that the application should be complete in all respect, incomplete applications will not be entertained. Also attach attested photocopies of all educational/ professional documents along with 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: _____
- (ii) CNIC Number: _____
- (iii) Designation (BPS): _____
- (iv) Present department with complete address: _____

- (3) It is to certify that Mr./Miss/Ms/Dr. _____ is/ has been employed in this department/ institution/ organization/ university since _____. He/ she holds a temporary/ permanent/ adhoc/ contract post under the Federal/Provincial/ Semi Government. His/ her total continuous government service is _____ Years _____ months.
- (4) There is nothing adverse in his / her Performance Evaluation Reports (PERs) / Annual Confidential Reports/Records, antecedents/character, which may render him/her ineligible/unsuitable for the post applied for.
- (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/ Ministry (Official stamp must be affixed))**



Signature & Stamp
of the Appointing Authority

Name of the Appointing Authority: _____

Designation: _____

Organization/ Department: _____

Address: _____

Telephone/ Cell: _____