

10. Telephone No. (Off)

## PUNJAB UNIVERSITY OF TECHNOLOGY RASUL

## EMPLOYMENT FORM Administrative/Non Teaching/other

Recent Passport size
photograph should be
affixed here

(Mob)

Post Ap	plied for:						_							
1. Instruct	ions:													
i. Each que	i. Each question should be answered clearly and completely.													
ii. The appli	cation must be filled	in block lette	er and sig	ned b	by the a	ppli	cant.							
	rmation provided i rmation of authent				pporte	d w	ith a	attest	ed copi	es o	f certi	ficat	e(s)	
iv. Columno format.	(s) where dates are	e required	should	be fi	lled-in	wi	th c	ompl	ete dat	es ir	n dd/m	ım/y	ууу	
v. Incomple	ete certificates/deg	rees need n	ot to be	men	tioned	•								
vi. Addition	al sheets may be use	d if necessar	y.											
Give the nu	nber and date of th	ie bank nav	order /	bank	draft/i	nosi	al o	rder.						
Number	11001 0110 0110 01 01		Date		010010	900		Bank/	Office					
110,222,002								of I	ssue					
2. <u>Pers</u>	onal Information:	<u>:</u>												
1. Name of	Applicant:													
0 F 1 1	<b>.</b>													
2. Father's	Name:													
3. Date of B	irth:	Day	Month	1	Year		Age		Year		Mont	h	Day	r
4. Domicile:		Province			District				Tehsil					
5. C.N.I.C N	Io.												Ι_	
3. C.IV.I.C IV														
6. Religion			<u>,                                    </u>	7.	Martia	al S	tatus	S:	l e	ı				
8. Postal Ad	dress:													
o. i ostai Au	aress.													
9. Permanen	t Address													
7. I Gillianen	n Auditss.													

(Res.)

3	Academic	Ona	lifica	tions
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Name of Institution / Doord	Voor of	Marks / CGPA					
University	Passing	Total Marks	Marks Obtained	% age			
	Name of Institution/ Board/ University		Name of Institution/ Board/ Year of Total  University Passing	Name of Institution/ Board/ Year of Total Marks  University Passing			

In case of foreign qualifications please attach equivalent certificate issued by the relevant authority

## 4. Job Experience:

Name of Department/	Post held (with grade)		Period Served	Reason for	
Organization /Firm		From	То	Total Duration	Leaving

## 5. References:

Sr. # Name		Name	Department	Contact No.	Address.							
6.	6. Are you suffering or have you suffered from any Physical disability? Yes  If yes, then what and when it happened											
7.		· —	explicit permission of No	your present emp	loyer to apply for this job?							
8.	If y	you appointed how muc	h notice period you w	vill require before	joining							

**9. Undertaking by the Applicant:** It is solemnly affirmed that facts & figures given above are true to the best of my knowledge. Any false information, given by me, shall automatically disqualify me from the candidature of the post applied for.

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