

**APPLICATION AND BIODATA FORM FOR ACADEMIC POSITIONS**

i). This form must be duly completed and accompanied by:

**PHOTOGRAPH**

**(Passport Size)**

(a) Original Paid Bank Challan must be attached with the application of amount as mentioned in advertisement (Rs.\_\_\_\_\_\_\_ /-Non-refundable).

(b) Postal Orders will not be accepted.

(c) All the entries / replies in the Form must be hand written.

(d) Attested copies of the relevant certificates and testimonials.

(e) Annexure-wise detail of scientific research publications (National & International), technical reports, conference presentations, postgraduate students supervised, research projects won etc.

(f) A recent passport size photograph.

ii). Persons already in employment should submit their applica­tions through proper channel, before or on the last date for receipt of applications during office hours.

iii). Incomplete Applications or those received after the due date will not be entertained.

iv). The University reserves the right not to fill any vacancy without assigning any reason or consider a person for appointment in a lower cadre against the post advertised.

v). Applications complete in all respects are required in quadruplicate for the posts of Professors/ Associate Professors and in triplicate for the posts of Assistant Professors / Lecturers.

vi). Additional information(if any) where space is insufficient in the Form may be attached as Annexure.

vii). Please answer each question clearly and completely. The application must be signed by the applicant.

viii). Concealment of facts or misquoting of information in the form will disqualify the applicant even after appointment.

ix) The application must be page marked.

**1.** Post applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on BPS / TTS (**Mention Clearly**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Discipline (as mentioned in the Advertisement) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_campus

**3.** Advertisement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Newspaper wherein published:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** (a) Full Name (In Block Letters as mentioned in CNIC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) Full Name (In Block Letters as mentioned in Matric Certificate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Father's Name (In Block Letters as mentioned in CNIC):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male / Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**7.** Computerized National Identity Card No.

**8.** Professional Council Registration: (a) Name of Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If applicable)

(b)Regd. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c) Status: Active/Expired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (d) If Active (Life time OR Interim): from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ (Annexed at page #\_\_\_\_\_\_)

**9.** (i) Postal Address for Interview call / correspondence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please provide address where TCS Service is available)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Landline No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) Permanent Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Landline No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10.** Religion: \_\_\_\_\_\_\_Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(As recorded in the Matriculation Certificate) (On closing date for receipt of applications)

**11.** Nationality of (a) Self\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) Wife or Husband, if married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. EDUCATIONAL QUALIFICATIONS: (In Chronological Order)**

**(a) *Secondary School and Intermediate or Equivalent Examinations*.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Institutions Attended | Name of Certificate / degree | Passing Year | Marks obtained / Total Marks | Division | % Age of Marks obtained must be written | Major Subjects |
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***(b) University Education:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  Name and Place of Institution | Name of Degree | Passing Year | Marks obtained /Total Marks  | CGPA | Division | % Age of Marks obtained must be written | Major Subjects |
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**Note:** Mention only those degrees which have been completed on or before due date.

**(c) Other Formal Training Education:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and place of Institution | Leaving Certificate **OR**Diploma obtained | Years Attended | Major Subjects |
| From | To |
|  |  |  |  |

**(d) Academic Distinction:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and place of School, College and University /Institution  | Certificate / Degreesobtained | Years attended | Distinction Certificate / Medal | Major Subjects |
| From | To |
|  |  |  |  |  |
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 **(e) Distinction in Games and Sports:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13.** RESEARCH: Give particulars of all post-graduate and' independent research done, giving the name of the institution and the professor under whom research was completed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14.** Give a list of all research papers published in scientific journals and attach originals or reprints. Only Research Papers accepted having DOI number or appearing on internet will be considered.

|  |  |  |
| --- | --- | --- |
| Topic of the Papers | Name of the Journal | Date of Publication |
|  |  |  |
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**15.** PUBLICATIONS: Give a list of all significant publications and attach originals or reprints, together with any reviews.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16.** Summary of Teaching / Research, Service Experience and Publications:

(Experience / Service Certificates with exact dates and signed by the Issuing Authority must be attached)

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **Factors** | **No. Only** |
| **1.** | **Experience:** |  |
|  | Total Years, Months & Days  |  |
| **2.** | **Field of Specialization:** |  |
| **3.** | **Publications: (HEC Approved)** |  |
|  | 1. International Research Papers
 |  |
|  |  **a)** with impact factor |  |
|  |  **b)** without impact factor |  |
|  | 1. National Research Papers
 |  |
|  |  **a)** with impact factor |  |
|  |  **b)** without impact factor |  |
|  | 1. Research Reports
 |  |
|  | 1. Conference presentations
 |  |
|  | 1. Other publications
 |  |
| **4.** | **Students Supervised:** |  |
|  | **i.** Ph.D students supervised |  |
|  | **ii.** M.Phil students supervised |  |
|  | **iii.** Membership of Supervisory Committees |  |
|  | 1. Ph.D
 |  |
|  | 1. M.Phil
 |  |
| **5.** | **Research Projects Won** |  |
|  | **i.** From International Agencies |  |
|  | **ii.** From Local / Indigenous Agencies  |  |
|  | **iii.** From own Organization  |  |
| **6.** | Professional Services rendered: |  |
| **7.** | Total Impact Factor |  |
| **8.** | Membership of Learned Societies  |  |
| **9.** | Formal Trainings |  |

**17.** MODERN LANGUAGES: List all the languages in which you are proficient.

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| --- | --- | --- | --- | --- |
| Language | Extent of proficiency | Diploma obtained | Year ofpassing | Institution attended |
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**18.**  Give particulars of **whole-time** employment / experience /service:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Post held | Name of the Institution where Employed | Federal or Provincial Govt. /Autonomous or Private | Permanent /Temporary / Contract / Adhoc | BPS | MonthlySalary | DurationGive Exact Dates: | Cause of leaving | Brief Description |
| From | To |
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(i) What is the total length of your teaching experience as (A) Lecturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (B) Assistant Professor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) What is the total length of your research experience as (C) Associate Professor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Professor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) What is the total length of your administrative experience as (E) Other Than Above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: **Experience Certificate mentioning exact dates duly signed / issued by the Competent Officer/Authority of the concerned Department should be attached otherwise the claimed experience will not be accepted. Specimen of NOC/departmental permission and experience certificate is attached at the end for guideline.**

**19.** Membership of learned societies: (Give the name of society and nature of membership or office held).

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**20.** Countries visited:

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| --- | --- | --- |
| Country | Duration | Purpose of Visit |
|  From  |  To |
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| **21.** Do you possess all the qualifications mentioned in the advertisement if yes, summarize them briefly in the opposite column mentioning each qualification separately in term of the advertisement.If you do not possess all or some of the qualifications, state briefly but clearly which qualification/qualifications you do not possess, giving your reason why should be considered for the post in spiteof this deficiency. (In your own interest you should give clear reasons in support of your claim for the post. **Vague replies will hinder the Correct appraisal of your application).** | Mention below the qualification you possess(1)(2) (3)(4)(5)Mention below the qualification you do not possess(1)(2) (3) |

**22.** Are you suffering or have you suffered from any physical disability? If so what and when did it begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23.** If you are under liability to repay money to any institution or person, state the Particulars: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**24.** Have you obtained and attached the explicit permission (**Departmental NOC**) from your present employer to apply for this post?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25.** Give the name, designation of your employer/employers whom we should write for your Confidential Record:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**26.** Whether the Thesis of the candidate having Ph.D. local, applying of Assistant Professor under TTS, has been evaluated by two foreign subject experts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**27.** If appointed what notice you required before joining the post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**28.** Were you ever dismissed from service in the past, or were your services ever terminated? If yes, give details:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**29.** Give a list of all documents attached with the application:

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| --- | --- | --- |
| **Sr. No.** | **Name of Document** | **Annexed at Page No.** |
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**30.** Give the detail of Paid Bank Challan:

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| --- | --- | --- | --- |
| **Amounting Rs.** | **Number** | **Date** | **HBL, Branch** |
|  |  |  |  |

**DECLARATION**

 I hereby solemnly declare that all the facts / information provided by me in this application form are true to the best of my knowledge and belief. I fully understand that aforementioned facts will serve the basis for determination of my eligibility and my appointment will be liable to termination, if facts / entries were found incorrect at any stage.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

**SPECIMEN / PATTERN FOR GUIDELINE**

**NO OBJECTION CERTIFICATE**

This is to certify that Mr. / Ms. / Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on regular / temporary / contract basis in this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department) w.e.f.\_\_\_\_\_\_\_\_\_\_. This Department has no objection on his applying for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the University of Veterinary & Animal Sciences, Lahore.

This is to further certify that there is no pending inquiry/outstanding dues against him. Moreover, there are no adverse remarks in any of his/her Annual Confidential Reports (ACRs)

(Signature and Designation of the issuing Authority)

**✄**

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**EXPERIENCE CERTIFICATE**

This is to certify that Mr. / Ms. / Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has served in the following capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Sr#*** | ***Designation*** | ***BPS*** | ***From******DD/MM/YYYY*** | ***To******DD/MM/YYYY*** |
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(Signature and Designation of the issuing Authority)