UNIVERSITY OF AGRICULTURE, FAISALABAD

APPLICATION FORM FOR HIRING AS VISITING FACULTY ON PER LECTURE BASIS

NO.PS/_____

DATED:_____

For office use only

Department/Institute/Subject _____

Tick your desired campus (only one)

Main Campus ☐

UAF Community College PARS ☐

UAF Sub-Campus, Toba Tek Singh ☐

UAF Sub-Campus, Burewala (Vehari) ☐

UAF Sub-Campus, Depalpur (Okara) ☐

RECENT PHOTOGRAPH (Affix here)

CANDIDATE'S DETAIL

1. FULL NAME _____

2. FATHER'S NAME _____

3. NATIONAL I.D. CARD NO. ☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐

4. GENDER (Male/Female/Shemale) _____

5. DATE OF BIRTH _____

6. ADDRESS:
   - (a) Present/correspondence _____
   _____
   - (b) Permanent _____
   _____
   - (c) Telephone No. Office _____ Resident _____
   - (d) Mobile No. _____ Whatsapp No. _____
   - (e) E-Mail _____

7. DOMICILE: (Province & District) _____

8. APPLIED FOR QUOTA, IF ANY (Disable/Minority/Woman) _____

9. **EDUCATIONAL QUALIFICATIONS**

   (a) **Secondary School and Intermediate or equivalent**

Certificate obtained	Institution attended	Years attended		Division	Percentage	Marks Obtained	Total Marks	Major Subject
		From	To					

(b) **University**

Degrees obtained	Name & Place of University & College	Years attended		CGPA	Division/ Percentage	Marks Obtained	Total Marks	Major Subject
		From	To					

10. **DISTINCTION**

Position/Medal/Award (Academic/Civil)(**Gold/Silver/BronzeMedal**)_____

11.**PUBLICATIONS**(HEC Recognized Journals only (Attach Istpage only)

S.No.	Citation of publication	HEC Category (W,X,Y,Z)

12.**EXPERIENCE IN THE RELEVANT FIELD**

Post held	Where employed	Scale of pay	Duration		Total Length			Brief description of job(Teaching/ Research)
			From	To	Y	M	D	

13.**PAYMENT RECEIPT (Attached in Original)**

AMOUNT	RECEIPT NO.	DATE	BANK NAME	BRANCH/CITY
Rs.1000/-				

D E C L A R A T I O N

I certify that the statement made by me in this application is true to the best of my knowledge and belief, and that I hold myself responsible for any discrepancy

Date_____

_____
(*SIGNATURE OF THE APPLICANT*)