



Form No \_\_\_\_\_

Bank Challan No: \_\_\_\_\_

Date: \_\_\_\_\_

**Application Form for non-teaching positions****Women University of Azad Jammu & Kashmir, Bagh**

Post Applied For:	Name of Post	BPS
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(Note: Please fill the information in both sides of the page)

**1) Personal Information:**

Name:	Urdu:	Photo
	English:	
Father's Name:	Urdu:	
	English:	
Gender (Male / Female)	Date of Birth (DD-MM-YYYY)	Religion
Marital Status	Refugee (Yes / No)	Domicile
Disability (Yes/No) (In case of yes, please specify type in next column and attach certificate)	Type of Disability	
Present Address:		
Permanent Address:		
E-mail:	Phone No.	
CNIC#:		

**2) Academic Background (Attach attested Photocopies. Please start from highest qualification in descending order)**

Certificate / Degree Held	Passing Year	Institution/Board/University	Grade/Div.

**3) Professional Experience (Please start from most recent job in descending order)**

Appointment	Name of Organization	Job Profile	Period		
			From	To	Total years

**4) Address Slip (To be filled by candidate)**

Name of Applicant: _____
Father's Name: _____
Postal Address: _____
_____
Contact No: _____

Name of Applicant: _____
Father's Name: _____
Postal Address: _____
_____
Contact No: _____

5) **Certified from the employer (For Government Employees Only):**

Certified that Mr./Ms. \_\_\_\_\_ is allowed/permitted to apply for the post of \_\_\_\_\_ and in case of his selection in Women University of AJ&K, he/she will be relieved in order to enable him/her to join Women University of Azad Jammu & Kashmir, Bagh.

Name of Govt. Department \_\_\_\_\_

Name of Head of Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Seal: \_\_\_\_\_

6) **General Instructions / Terms & Conditions**

1. Candidates are required to submit attested copies (1 each) of their degree, result cards, transcripts, domicile, CNIC, (3) Passport Size Photographs, CV & other experience / educational certificates (if any) along with prescribed application forms to the Registrar, Women University of AJ&K, Bagh.
2. Candidates applying for more than one post shall submit separate application form for each post applied with required documents completed in all respect.
3. Candidates may obtain application forms from Allied Bank Ltd.
4. 5% quota is reserved for disable persons.
5. In service candidates must apply through proper channel by the due date otherwise their application will not be entertained.
6. Both Male & Female candidates are eligible to apply. Female Candidates will be preferred. (Only in case of equal merit)
7. Only short listed candidates will be called.
8. The university reserves the rights of cancellation of advertised posts partially or totally and also increase or decrease the number of posts without assigning any reason.
9. Application form indicating the posts should reach the office of the Registrar, Women University of AJ&K latest by **due date mentioned in Advertisement**. Incomplete application received after the due date will not be entertained.
10. Candidate must have HEC recognized degrees from public sector universities.
11. No TA/DA is admissible.

**ACKNOWLEDGEMENT BY CANDIDATE**

I, Mr. / Miss./Mrs. \_\_\_\_\_ S/O, D/O, W/O, \_\_\_\_\_ hereby acknowledge that information given in this form is absolutely true. I have carefully read the form and personally filled it and I understand all the contents/terms and conditions of this form. Any information, provided false, shall be treated as breach of the trust and the WUAJ&K shall have the rights to reject my application and termination from services. The decision of selection committee/board shall be final and I shall obey their decision.

Date: \_\_\_\_\_

Signatures. \_\_\_\_\_

**FOR OFFICE USE ONLY (Do not fill this section)**

Application received by: \_\_\_\_\_

Dated: \_\_\_\_\_

Checked by: \_\_\_\_\_

Dated: \_\_\_\_\_

Short Listed  Non Short Listed  If not, reason (s) \_\_\_\_\_

Signature & Name of Dealing Officer \_\_\_\_\_ Dated: \_\_\_\_\_

Signature & Name of Head of Department \_\_\_\_\_ Dated: \_\_\_\_\_

**Signatures of Scrutiny Committee:**

Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_ Date \_\_\_\_\_

Member: \_\_\_\_\_ Date \_\_\_\_\_

Secretary: \_\_\_\_\_ Date \_\_\_\_\_

For any information: 05823-960034 & 39,

Website: [www.wub.edu.pk](http://www.wub.edu.pk)