



NATIONAL UNIVERSITY OF MODERN LANGUAGES

SECTOR H-9, ISLAMABAD

www.numl.edu.pk

Application Form for Appointment on BPS / TTS / Contract

TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS

(Copy of the same also email to hr@numl.edu.pk)

Post Applied for : _____

On BPS/TTS/Contract: _____

Department/Discipline: _____

*Affix three (02) recent
passport size
photographs*

A: PERSONAL

Name: _____ Father's Name: _____

Religion: _____ DOB: _____ Age: _____

Domicile: _____ 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

ANY RELATIVE(S) WORKING IN NUML

Name	Designation/Post	Relationship

(I, _____ affirm that above information is correct to the best of my knowledge and belief. I fully understand that in case of false information, my appointment is liable to be terminated and shall render me to legal and disciplinary action including dismissal from the service)

H: DETAIL/ LIST OF PUBLICATIONS

S #	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Vol. No. & Page No.	HEC Category W/X/Y/Z	Year Published	Impact Factor + Citation (excluding self-citation)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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. _____

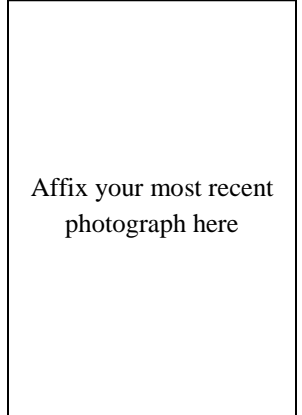
Declaration: By signing below, I acknowledge that the above information is true to the best of my knowledge. Any misinformation would render me ineligible for the induction.

Date: _____

Signature of the Applicant

Note: Please note that the Proformae should be complete in all respects, incomplete Proformae will not be entertained. Also attached attested photocopies of all educational/professional documents alongwith 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 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 Official

Name of the Official: _____

Designation: _____

Department: _____

Address: _____