

# **University of Narowal**

Shakargarh Road Narowal, Contact No: 0542-920049 Website: <a href="https://www.uon.edu.pk">www.uon.edu.pk</a>

For Office Use
only
Application No:

#### **JOB APPLICATION FORM**

## Establishment of Institute of Sports (Contract Basis)

<ul><li>To be filled &amp; submitted</li><li>Please submit No. of advertisement.</li></ul>	•	-			•
<ul><li>Extra pages may be atta</li></ul>	ached (if required	).			
Advertisement Ref. No		Last Date	e		Please attach recent photograph
Payment of processing fee Please attach original depo	` •	,	e.		
<b>Demand Draft/Pay Order</b>	r:				
Bank Name:		_Sr. No			
Date:	Amount Depo	osited:	Rs		
Name of the Post app	lied for:			BS:	
Do you possess the qualifie		for the post ap in the adverti		? (Yes/No	o)
1. Name of the Candidate	:				
2. Father's Name		,	pital lette		
3. Spouse's Name:					
4. Present Address:				andidates	
5. Permanent Address					
<b>6.</b> E-mail					
<b>8.</b> Candidate's Contact No.	0.:				
9. Emergency Contact No.	).:				
<b>10.</b> Date of Birth	(a	s per Matricul	ation Cer	tificate)	
11. Age (on closing date for	or advertisement)	:			
Years	Mont	hs		Day	s
12. National Identity Card	No.		-		

**13.** Gender (Male / Female) \_\_\_\_\_\_\_ **14**. Religion: \_\_\_\_

**15. Academic Qualification:** All the entries must be supported by attested copies of certificates or degrees otherwise claim of Qualification will not be maintainable. Please mention details of all examinations / degrees and technical qualifications obtained, starting with Matriculation in the order in which passed.

Certificate / Degree	Subjects	Board / University	Year of Passing	Total Marks	Marks obtained	Division/ CGPA	Remarks/ Distinction
Matriculation							
Intermediate							
Graduation							
(14 Years)							
BA/BSc. (Hons)/ Masters (16 Years)							
M.Phil / MS							
PhD							
Others							

**16. Service Record:** - Indicate details of your entire service record up to your present post.

Total Experience: \_\_\_\_\_Years \_\_\_\_\_Months

		Govt. / Semi Govt./	Permanent /	Dura	tion	Monthly	
Post / Designation	st / Designation Office / Department Private		Temporary / Contract / Adhoc	From	То	Monthly Salary	Remarks

#### 17. Professional Training (Please start from most recent training)

Field of Study	Institution	Year
	Field of Study	Field of Study Institution

18. Ple	ease explain why you would like to join Uni	versity of Narowal?	
	A		
19.	Any other information		
20.	References: (Provide two academic/ profession	nal references)	
]	Reference I	Reference II	
Nam	ne:	Name:	
Desi	ignation:	Designation:	
Orga	anization:	Organization:	
Add	lress:	Address:	
Con	tact #:	Contact #:	
<b>21.</b> ]	If you are an ex-serviceman, please give the co	ates of your service in Armed	Forces (as
	shown in the Discharge Certificate) from	to	·
	Also mention rank at the time of release / dis	charge:	

#### CHECK LIST (Please attach attested copies of the relevant documents)

a) i)		(Yes / No)
′ 1)	Matriculation	
ii)	Intermediate	
iii)	Graduation	
iv)	Masters	
v)	M.Phil / MS	
vii)	PhD	
viii)	Any other document	
i)	Domicile Certificate	
ii)	CNIC	
iii)	Recent Photographs	
iv)	Experience / Service Certificate	
v)	Certificate of Distinction	
vi)	Certificates of Co-Curricular Activities	
vii)	Any other document	
s verified	with the original certificates at the time of test / interview	will stand provisional until it v.
	with the original certificates at the time of test / interviewed.	v.
Candidate <sup>®</sup>	's Signature:iversity of Narowal	v. Date:
Candidate T	's Signature:	For Office Use Only Application No.
Candidate de la contraction de	iversity of Narowal (To be filled by the Candidate)  the of the Candidate:	For Office Use Only Application No.
Candidate de la Candidate de l	iversity of Narowal  (To be filled by the Candidate)	For Office Use Only Application No.

Candidate Name:	
Postal Address:	
Contact Nos.	City
Candidate Name:  Postal Address:	
Contact Nos.	
Candidate Name: Postal Address:	
Contact Nos.	City
Candidate Name:	·
Postal Address:  Contact Nos.	
Candidate Name: Postal Address:	
Contact Nos.	City

### **CHALLAN FORM**

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Applicant's Name:			Applicant's	Name:		Applicar	nt's Name:		Applic	ant's Name:	
Father I	Name:		Father Nam	ne:		Father N	ame:		Father	Name:	
CNIC:			CNIC:			CNIC:			CNIC:		
Contact No:			Contact No	:		Contact No:		Contact No:			
Post Applied For:		Post Applie	Post Applied For:		Post Applied For:			Post Applied For:			
Basic S	Basic Scale:		Basic Scale	<b>e</b> :		Basic Scale:		Basic Scale:			
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Fee Sub	bmission Date:		Fee Submis	ssion Date:		Fee Sub	mission Date:		Fee Su	ıbmission Date:	