Picture



SHAIKH ZAYED ISLAMIC CENTRE

UNIVERSITY OF PESHAWAR

Application Form for Employment

BPS-17 & Above

structions:			This application form, duly completed should be submitted to the Director Shaikh Zayed Islamic Centre University of Peshawar on or before the due date i.e <i>16-9-2024</i> along-with attested photocopies of certificates, degrees, detail marks certificate, domicile and other relevant documents.
		i.	An amount of Rs.2,000/- for BPS-17 & 18 and Rs.2,500/- for BPS-19 & above through Bank receipt or Bar Draft should be deposited in favour of <i>Director</i> , Shaikh Zayed Islamic Centre, University of Peshawar A/C No. 1487-00050229-01, HBL, Agriculture University Branch Peshawar.
		ii.	Research Papers evaluation fee Rs.4,500/- for the post of Professor and Associate Professor should be deposited in favour of Director Shaikh Zayed Islamic Centre, University of Peshawar, in addition to R 600/- to be deposited in A/C No. 1487-00050229-01, HBL Agriculture University Branch, Peshawar if favour of the Director, Shaikh Zayed Islamic Centre, University of Peshawar.
		iii.	Persons already in employment should submit their application forms through proper Channel along-wit NOC issued by the competent authority.
		iv.	Incomplete application forms and those received after the due date will not be entertained.
		٧.	Use additional sheets, if required.
	NAME	(in block	c letters)
	FATHE	R'S Nam	e
	ADDR	ESS AND	OTHER PARTICULARS:
	(i)	For co	prrespondence (interview Call)
		 Mobil	ePh. No.
	(ii)		anent Home Address:Ph. NoPh. No.
	(iii)	E-Mai	l Address: Gender
	(iv)	Provir	nce of Domicile(v) Nationality
			al Status (vii) Date of Birth

S#	Name of Board / University	Exam. with year of passing	Division / distinction	Attempt	Marks Obtained	Total Marks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

FORMAL TRAINING OR EDUCATION:

S#	Name of Institution	Type of Training	Period	Certificate or Diploma obtained
			From to	

5. RESEARCH: Give particulars of all post-graduate research work done. Mention name of Institution and Professor under whose guidance research completed.

S#	Nature of Research	Name of Institution	Name of Professor

6. RESEARCH PAPERS: Attach list of Research Papers as per specimen and attested photocopy of title of journal with each research paper

S#	Title of Research Paper	Name of Journal with ISSN No./ISNB No	Vol. No & Page No.	Categorized by HEC as W/X/Y/Z	Date of publication	Principal or co-author

7. <u>EMPLOYMENT RECORD:</u>

S#	Name of Institute /	Period	Designation BPS	BPS	Job Description	Nature of Job
	Organization	From – To			(Teaching / Research / Admin)	(Permanent / Temporary
					,	

).	COUNTE	RIES VISITED:		
S#	Name	e of Country	Duration	Purpose of Visit
•	Referen	ces:	-	
	i)			
	ii)			
	State an	y other relevant facts. Attac	ch additional sheet, if required.	
		ttested documents attached	i.	
	List of at			
	List of at			
	List of at			
	List of at			
erek ticu orm	oy solemn ılars (if aı ation, at a	ny) furnished along-with it	, are correct & true in all respec	n this application form, all the add t. If it is found fake or having inc e decided by the competent authori

Attach list of Miscellaneous Teaching or Administrative Experience, if any.

8.