

**APPLICATION FOR FACULTY POSITION UNDER TENURE TRACK STATUTES**

(To be filled by the Applicant, For Assistant Professor, Associate Professor., Professor.)

Terminal Qualification: _____ Subject/Area of Specialization: _____ University/Institution (last studied): _____ Location _____	Passport size photograph
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<b>Name (in block letters):</b> _____		<b>Father Name (in block letters):</b> _____	
<b>Address:</b>			
i. For Correspondence: _____			
ii. Permanent Address: _____			
iii. Email: _____ iv. Telephone (Res.): _____ (Off.) _____ (Mobile) _____			
<b>Date of Birth:</b> ____/____/____ (D/M/Y). <b>Age:</b> ____/____/____		<b>Place of Birth:</b> _____	
<b>Nationality:</b> _____		<b>National ID/Passport Number:</b> _____	
<b>Post PhD Experience (Years):</b> _____		<b>Pre PhD Experience (Years):</b> _____	
<b>Total Experience (Years):</b> _____			
<b>Current Position:</b> _____		<b>Position applied for:</b> <input type="checkbox"/> Assistant Professor. <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor	
<b>My PhD thesis was evaluated by (Name, Institution, and Place)*:</b>			
i) Name: _____		Institution: _____ Country: _____	
ii) Name: _____		Institution: _____ Country: _____	
iii) Name: _____		Institution: _____ Country: _____	
<b>Declaration:</b> All the entries/information provided by me for appointment under TTS is verified and correct. If any document found fake or having incorrect information, the appointment made will be treated as cancelled.			
Date: ____/____/20 . Name of Applicant: _____ Signature: _____			

\*This information must be provided only by those who are applying for the post of Assistant Professor having a PhD Degree from Pakistan.

**For Official Use Only** (To be filled by the respective University Officials)

Position recommended by the authority: <input type="checkbox"/> Assistant Professor. <input type="checkbox"/> Associate Professor. <input type="checkbox"/> Professor
Subject/Area of Specialization: _____ Qualification: _____
<b>Declaration:</b> This is to certify that all the entries and information provided by the applicant are duly checked by the undersigned against their original documentary evidences and found correct/true.
<b>Institution &amp; Location:</b> _____
<b>Checked By:</b> _____ <b>Designation:</b> _____ <b>Signature with Official Stamp</b> _____





**PROFORMA FOR THE OPINION OF MEMBERS OF TECHNICAL REVIEW PANEL (TRP)\* FOR APPOINTMENT ON TENURE TRACK SCHEME**

1- Name of the Institute where this candidate has applied for the said post\_\_\_\_\_

2- Date of receipt of this Application Dossier\_\_\_\_\_

S. #	NAME OF THE CANDIDATE	QUALIFICATIONS	POST APPLIED FOR (Professor./Assoc. Prof.)	POST RECOMMENDED FOR (Professor./Assoc. Prof.)	MARKS OUT OF 15	REMARKS (separate Sheets may be attached if, required)

\* For detail the “Model Tenure Track Statutes” on the HEC website may be visited: <http://www.hec.gov.pk/tts>

**Declaration:**

This is to certify that the undersigned has evaluated the dossier(s) of each candidate with dedication and professional honesty without any personal/professional prejudice and biasness.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ RESIDENT OF: \_\_\_\_\_


ACADEMIC POSITION:

- Professor
- Associate Professor

INSTITUTION & LOCATION:

\_\_\_\_\_  
\_\_\_\_\_

Complete Postal Address: \_\_\_\_\_  
\_\_\_\_\_

 # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_