

APPLICATION FOR FACULTY POSITION UNDER TENURE TRACK STATUTES/CONTRACT/BPS

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

Qualification: _____ Subject/Area of Specialization: _____ University/Institution (last studied): _____ Location _____	Passport size photograph
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Name (in block letters): _____		Father Name (in block letters): _____	
Address:			
i. For Correspondence: _____ _____			
ii. Permanent Address: _____ _____			
iii. Email: _____		iv. Telephone (Res.): _____ (Off.) _____ (Mobile) _____	
Date of Birth: ____/____/____ (D/M/Y). Age: ____/____/____		Place of Birth: _____	
Nationality: _____		National ID/Passport Number: _____	
Post PhD Experience (Years): _____		Pre PhD Experience (Years): _____	
Total Experience (Years): _____			
Current Position: _____		Position applied for: <input type="checkbox"/> Assistant Professor. <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor <input type="checkbox"/> TTS <input type="checkbox"/> Contract <input type="checkbox"/> BPS	
My PhD thesis was evaluated by (Name, Institution, and Place)*:			
i) Name: _____		Institution: _____ Country: _____	
ii) Name: _____		Institution: _____ Country: _____	
iii) Name: _____		Institution: _____ Country: _____	
Declaration: All the entries/information provided by me for appointment under TTS/Contract/BPS 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: _____			

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 <input type="checkbox"/> TTS <input type="checkbox"/> Contract <input type="checkbox"/> BPS
Subject/Area of Specialization: _____ Qualification: _____
Declaration: 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.
Institution & Location: _____
Checked By: _____ Designation: _____ Signature with Official Stamp _____

ACADEMIC QUALIFICATION

Please mention details of all examinations / degrees and technical qualifications obtained, starting with Matriculation in the order in which passed.

Certificate / Degree	Subjects	Institution of Studies	Board / University	Year of Passing	Total Marks	Marks obtained	Division/ CGPA	Position in Board / University
Matric								
Intermediate								
Graduation								
Masters								
M.Phil								
PhD								
Others								

Note:

All above entries must be supported by certificates or Degrees attached, in case of failing no claim of Qualification will be considered. (All documents should be attested)

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: _____

ABDUS SALAM SCHOOL OF MATHEMATICAL SCIENCES

(GC UNIVERSITY, LAHORE)

CERTIFICATE OF DEPARTMENTAL PERMISSION

TO BE SUBMITTED BY THE CANDIDATE WHO IS IN GOVT. / SEMI GOVT. SERVICE WITH THE APPLICATION FORM DULY COMPLETED, FAILING WHICH THE APPLICATION SHALL BE REJECTED.

1. The following particulars should be filled in by the candidate:-

- a) Name: _____
- b) Father's Name: _____
- c) Post held presently: _____
- d) Office / Department: _____
- e) Post applied for: _____
- f) Advertisement dated: _____

Dated: _____

Signature of the Candidate: _____

2. (This portion should be filled in by the Department / Office.)

The above candidate has been permitted by this Office / Department to apply for the said post and that:-

- a) He / She has been employed in this Department / Office as _____
_____ since _____
- b) He / She hold this post in permanent / temporary / contract or adhoc capacity.
- c) There is nothing on record of this Department which may render him Ineligible for the post and that his / her record of service is satisfactory and no departmental proceedings / enquiry is pending against the candidate.
- d) If a Departmental candidate / employee is selected, he / she will be relieved by the parent Department to join the post for which he / she has applied.

Signature
Name and Designation of the Appointing
Authority or authorized Officer on his behalf.

Dated: _____