

Faculty Job Application Form

COMSATS Institute of Information Technology



| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Lahore | Abbottabad | Wah | Attock | Sahiwal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant Name _____

Post applied for _____

Department _____

Note: Please mark/fill information as applicable

(II) Academic Background, Professional Training & Extra/ Co-curricular Activities

(a) **Academic Background** (Please start from highest qualification and go in descending order)

| Degree/ Certificate held | Session | | Year of Award | Field/ Subject | University/ Institute/ Board | | Marks Detail | | Grade/ Division/ CGPA |
|--------------------------------|---------|----|------------------|-------------------|---------------------------------|---------|--------------|-------|-----------------------------|
| | FROM | TO | | | Institution Name | Country | Obtained | Total | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

(b) **Professional Training** (Please start from most recent training and go in descending order)

| Course | Diploma/Certificate | Field of study | Institution | Grade |
|--------|---------------------|----------------|-------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(c) **Extra/Co-curricular Activities/Hobbies/Interests** (if any)

(III) **Employment History** (Please start from your recent job and go in descending order)

(a) **Teaching**

| Name of Organization | Designation | Scale | Job Profile | Duration Time | | |
|----------------------|-------------|-------|-------------|---------------------|----|----------|
| | | | | Dates | | Period |
| | | | | From | To | YY-MM-DD |
| | | | | | | __-__-__ |
| | | | | | | __-__-__ |
| | | | | | | __-__-__ |
| | | | | | | __-__-__ |
| Total | | | | __ YY, __ MM, __ DD | | |

(b) **Industrial** (if any)

| Name of Organization | Designation | Scale | Job Profile | Duration Time | | |
|----------------------|-------------|-------|-------------|---------------------|----|----------|
| | | | | Dates | | Period |
| | | | | From | To | YY-MM-DD |
| | | | | | | __-__-__ |
| | | | | | | __-__-__ |
| | | | | | | __-__-__ |
| | | | | | | __-__-__ |
| Total | | | | __ YY, __ MM, __ DD | | |

| | | | |
|--|--------------|---------------|-------------|
| Total Experience (Teaching & Industrial) | Years | Months | Days |
| | | | |

(IV) Research Publications

(Must include name of journal; year/volume of publication; page numbers; author(s); title)

(a) National/ International Journal Papers

| Sr. # | Title of Publication | Complete Name of Journal and Address | Vol. No. | Page No. | Year | HEC approved (Yes/ No) | Impact Factor |
|--------------|-----------------------------|---|-----------------|-----------------|-------------|-------------------------------|----------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

(b) National/ International Conference Papers

| Sr. # | Title of Publication | Conference | Year | Venue |
|--------------|-----------------------------|-------------------|-------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

(c) Book/ Book Chapter Written (if any)

| Sr. # | Title | Subject/ Description | Publisher (if any) |
|--------------|--------------|-----------------------------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

(d) Lab Manual (if any)

| Sr. # | Title/ Topic | Subject/ Description | Publisher (if any) |
|--------------|---------------------|-----------------------------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

(V) **Reference:-** Provide Two Academic/Professional References

Reference No: 1. Name _____ Position _____
Address _____
_____ Phone No _____
Email _____

Reference No: 2. Name _____ Position _____
Address _____
_____ Phone No _____
Email _____

By signing below and submitting this application form I, -----, confirm that the information I have provided is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information.

Date _____

Signature of the Applicant

FOR OFFICE USE

Application Received by: _____ Date _____

Checked by: _____ Date _____

Short Listed Not Short Listed if not, reason(s) _____

Signature & Name of Dealing Officer _____

Date _____