



Centre of Excellence in Gender Studies Quaid-I-Azam University, Islamabad



Application Dossier for Appointment under the BPS System

TO BE FILLED BY THE APPLICANT IN BLOCK CAPITALS

Post Applied for: _____

Department/Centre/Institute: _____

*Affix recent passport
size photographs*

A: PERSONAL

Name: _____ Father's Name: _____

Religion: _____ DOB: _____ Age: _____

Domicile: _____ Marital Status: _____ CNIC #: _____

Correspondence / Postal Address: _____

Permanent Address: _____

Email: _____ Telephone (Res). _____ Cell: _____

B: ACADEMIC QUALIFICATION. (Attach Proof)

Degree	University	Subjects	Division	Year
PhD				
MPhil				
MSc				
BSc				
FSc				

E: SERVICE RECORD (Start with your most recent position). (Attach Proof)

1: Post-PhD Teaching/Research Experience: _____ Years _____ Months _____ Days

Institution	Position Held	Period	
		From	To

2: Pre-PhD Teaching/Research Experience: _____ Years _____ Months _____ Days. (Attach Proof)

Institution	Position Held	Period	
		From	To

3: Postdoctoral fellowships: (Duration of at least six months). (Attach Proof)

Institution	Position Held	Period	
		From	To

F: RESEARCH SUPERVISION. (Attach Proof)

a: PhDs Produced*: (Extra pages may be added if required) **Total PhDs Produced:** _____

S. No.	Student's Name	Thesis Title	Year
1.			
2.			
3.			
4.			
5.			
6.			
7.			

i. PhD thesis currently under review of foreign referees: _____

ii. PhDs produced to date: _____

iii. PhDs under supervision: _____

* A student recommended for the award of degree by the Advanced Studies & Research Board

b: MPhil Produced: (Extra pages may be added if required) **Total MPhils Produced:** _____

S. No.	Student's Name	Thesis Title	Year
1.			
2.			
3.			
4.			
5.			

i. MPhil produced to date: _____

ii. MPhil students currently under supervision: _____

G: HIGHLIGHTS OF PROFESSIONAL ACHIEVEMENTS. (Attach Proof)

a: List of Publications

1a. Papers published in HEC recognized journals

S #	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Vol. No. & Page No.	HEC Category W/X/Y/Z	Year Published	Impact Factor + Citation (excluding self-citation)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Attach separate sheets of the same format, if required. A SOFT COPY of the same must be forwarded to recruitmentqau@gmail.com for endorsement purposes.

1b. Papers accepted in HEC recognized journals. (Attach Proof)

S. No.	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of Publication	Category W/X/Y/Z
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Attach acceptance letter from editor of the journal.
Attach separate sheets of the same format, if required.

b: Books authored (HEC Recognized). (Attach Proof)

S. No.	Title of the Book	Year, Publisher
1.		
2.		
3.		
4.		
5.		
6.		

c: Chapters in edited books (HEC Recognized). (Attach Proof)

S. No.	Title of the Book	Year, Publisher
1.		
2.		
3.		
4.		
5.		

d: Research Projects (in progress). (Attach Proof)

Project Title	Principal/Co-Principal Investigator	Amount	Sponsoring Agency	Duration

e: Research Projects (completed). (Attach Proof)

Project Title	Principal/Co-Principal Investigator	Amount	Sponsoring Agency	Duration

f: Industrial Projects Undertaken. (Attach Proof)

Project Title	Principal/Co-Principal Investigator	Amount	Sponsoring Agency	Duration

g: Patents (Attach Proof)

Patent Name	Patent No/ Certificate No	Year of Patent Obtained	Patent Agency	Amount

h: Conferences Organized. (Attach Proof)

Conference Title	Organizer	Location	Date	Sponsoring Agency

i: Conferences Participated. (Attach Proof)

Conference Title	Organizer	Location	Date	Sponsoring Agency

j: Awards (Attach Proof)

S. No.	Title of the Award	Organization
1.		
2.		
3.		
4.		
5.		
6.		

k: Others (not covered above) (1000 words maximum)

F: ADMINISTRATIVE SERVICES RENDERED. (Attach Proof)

Position	Responsibilities	Period	
		From	To

Two academic references (optional):

1.

2.

Declaration: By signing below, I acknowledge that the above information is true to the best of my knowledge. Any misinformation would render me ineligible for the induction.

Date and Place: _____



Signature of the Applicant

**DEPARTMENTAL PERMISSION CERTIFICATE FOR
PERSON IN GOVERNMENT SERVICE**

Affix your most recent
photograph here.

- (1) (a) Full Name of the advertised post: _____
- (b) Name of Department/Division/Ministry: _____
- (2) (i) Name of candidate: _Father's Name: _____
- (ii) CNIC Number: _____
- (iii) Designation (BPS/TTS): _____
- (iv) Present department with complete address: _____

- (3) I have applied for the above post on the prescribed form separately. Departmental permission for submission of my application, may kindly be forwarded to the Registrar, Quaid-i-Azam University, Islamabad, closing date for receipt of application by the University is _____.



Signature of the Applicant

Dated: _____

- (4) Forwarded: Mr./Miss/Ms/Dr. _____ is employed in this department/institution/organization/university since _____. He/she holds a temporary/permanent/adhoc/contract post under the Federal/Provincial/Semi Government/Government/Autonomous/Corporation (strike out not applicable). His/her total continuous government service (Federal/Provincial is ____ Years ____ months ____ days.

- (5) The candidate has availed extraordinary leave for _____ Years _____ Months _____ days and/or has availed study leave for _____ Years _____ Months _____ days.
- (6) There is nothing adverse in his / her performance evaluation report (PER) / annual confidential reports/records, antecedents/character, which may render him/her ineligible/unsuitable for the post applied for.
- (7) There is no disciplinary case pending against him/her in the Department/Organization, where he /she is serving.

(to be signed by head of the Department/Division/Ministry (Official stamp must be affixed))



Signature of the Official

Name of the Official: _____

Designation: _____

Department: _____

Address: _____