

Abdus Salam School of Mathematical Sciences (GC University Lahore)

APPLICATION FORM

(Category A/B)

APPLICATION FORM TO BE SUBMITTED BY A CANDIDATE DULY FILLED IN FAILING WHICH HIS / HER APPLICATION SHALL BE REJECTED

APPLICATION NO. _____ (To be filled in by the office)	Please attach recent Photograph 1½" X 1½"
i. Advertisement _____, 20__	
ii. Original Postal Order / Bank Draft / Pay Order for Rs.500/- for BPS-17 and above and Rs. 200/- for BPS-5 to BPS-16 (non-refundable) in favour of Director General, Abdus Salam School of Mathematical Sciences.	
iii. Name of the Post applied for _____	

1. Name of the Candidate (in Capital letters) _____

2. Father's Name _____

3. Spouse's Name: _____
(for married candidates only)

4. Postal Address _____

_____ **Phone** _____ **Mobile** _____

5. Date of birth _____ (as recorded in the Matriculation Certificate)

6. Age (on closing date for receipt of applications) :

Years		Months		Days	
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7. National Identity Card No.

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8. Sex (Male / Female) _____ 9. Religion: _____

10. Do you possess the qualification prescribed for the post applied for? (Yes/No)
(as specified in the advertisement)

Received application from _____

for the post of _____

Dated: _____

Sign & Stamp Official

11. 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	Board / University	Year of Passing	Total Marks	Marks obtained	Division	Grade	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)

12. SERVICE RECORD

Indicate details of your entire service record up to your present post.

Post / Designation	Office /Department	Govt. / Semi Govt. / Private	Permanent / Temporary / Contract	Duration		BPS or Monthly Salary	Reason for leaving
				From	To		
				Total Experience= _____			

13. If your last service has been terminated by Government for want of vacancy, please give dates of such service from _____ to _____.
14. If you are an ex-serviceman, please give the dates of your service in Armed Forces (as shown in the Discharge Certificate) from _____ to _____ Also mention rank at the time of release / discharge:_____.
15. If you have ever been dismissed / terminated / removed from any Provincial/Federal Govt./ Autonomous / Semi-autonomous agency of the Federal or Provincial Government for reasons other than want of vacancy, mention post _____ Department _____ Year _____ and encircle the word applicable to you: Dismissed / terminated / removed.
16. Write "Yes" or "No" against the certificates and other documents which you have attached with this application:-

S.NO.	Particulars	Yes /No
1	Matriculation	
2	Intermediate	
3	Graduation	
4	Masters	
5	M.Phil	
6	PhD	
7	Any other document	
8	Domicile Certificate:	
9	Experience / Service Certificate:	
10	Certificate of Distinction:	
11	Certificates of co-curricular Activities:	
12	Any other document:	
13	In case of Govt. service, Departmental Permission Certificate from Appointing Authority.	
14	In case the candidate has been terminated from any Government service due to non availability of a vacancy, Certificate of such service.	
15	In case of Ex-Serviceman, Discharge Certificate	

I do hereby solemnly declare that all the entries made and information supplied by me in this application form is correct to the best of my knowledge and belief. I fully understand that the facts given above will serve the basis for determination of my eligibility by the College and my candidature so determined by the College will stand provisional until it is verified with the original certificates at the time of test / interview.

NOTE:- (All Documents should be attested)

Date: _____

Candidate's Signature: _____

Name: _____

Postal Address: _____

Phone/Mobile: _____

.....

Name: _____

Postal Address: _____

Phone/Mobile: _____

.....

Name: _____

Postal Address: _____

Phone/Mobile: _____

.....

Name: _____

Postal Address: _____

Phone/Mobile: _____

.....

FOR OFFICE USE ONLY

1. The application is complete.

2. The application is incomplete as following documents are not attached:

(i) _____

(ii) _____

(iii) _____

3. The application is accepted / provisionally accepted subject to supply of the following documents:

(i) _____

(ii) _____

(iii) _____

4. The application is rejected. _____

**Director Administration & Finance:
Abdus Salam School of Mathematical Sciences.**

Name of the official _____

Stamp _____

Date: _____

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: _____