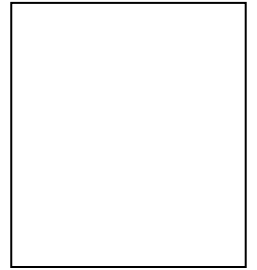




UNIVERSITY OF SINDH

APPLICATION FORM

LAB ENGINEERS



1. Name in full (Block Letters)		2. Name of father	3. Surname
4. Present Address Tel No. Mobile No.		5. Permanent Address E-mail:	
6. (i) Date of Birth: (ii) Age:	7. Religion	8. Nationality	
9. Sex (Tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	10. Marital Status (Tick) Single <input type="checkbox"/> Married <input type="checkbox"/>		
11. Place of Birth District Province	12. Domicile: District: PRC: District:	Province: Province:	
13. Computerized National Identity Card No. <input type="text"/>			

14. EDUCATIONAL (ACADEMIC AND PROFESSIONAL) QUALIFICATIONS

Please attach attested Photostat copies

Examination Passed	Name of the University / Board	Division/Grade Marks %		Year	Subjects	Total Marks	Marks Obtained
Matriculation Inter Arts/ Science/Com. B.A./B.Sc./B.Comm M.A./M.Sc./B.S. (4 years) M.Com. M.Phil/M.S Ph.D.							

15. Language	Speak	Write	Read

16. SPECIALIZED TRAINING (IF ANY)

17. EMPLOYMENT RECORD (IF ANY)

(Use additional sheet if necessary)

Name of employer	Date of Joining	Date of Leaving	Reasons for Leaving job	Nature of employment (give the name of the post held)	Salary

18. REFERENCES: List three competent and responsible persons, not related to you by blood or marriage who particularly qualify to supply definite information regarding your character and ability.

Name with Position	Full Address, Telephone No. Mobile No.	Remarks
1.		
2.		
3.		

19. I certify that the statements made by me in answers to above questions are true, complete and correct, to the best of my knowledge and belief. I undertake that any false statement or any required information withheld from this form may provide grounds for the withdrawal of any offer or dismissal, If an appointment has been accepted.

20. Attested copies of following testimonials/certificates are attached.

21. Mailing Address

Place _____

Date _____

Signature of Applicant