BAHRIA UNIVERSITY HEALTH SCIENCES CAMPUS (ISLAMABAD/KARACHI)

Employment Form

Paste here photograph

Applied for: (Position) _____

Department/ Subject: _____

1. PERSONAL INFORMATION:

Name: _____ Father's Name: _____

Next of Kin: _____ Relation: _____ Marital Status: _____

CNIC #: _____ Date of Birth: _____ Nationality: _____

Tel / Cell #: _____ Email: _____

Postal Address: _____ _____

PM&DC Registration No:_____ Valid upto: _____

Number of Publications published in journals approved by PM&DC/ HEC: _____

2. QUALIFICATION (Starting from the Highest Qualification):

Degree / Certificate	Duration in Years	Passing Year	%age / Grade / CGPA	Institute / Board / University

3. EXPERIENCE (TEACHING / FIELD) (Starting from the Current Position):

Position / Job Title	Institution / Organization	Period		Total Period (Years-Months-Days)
		From	To	

Experience (Teaching) in Years: _____ **Experience (Other): _____**

Date: _____ **Signature: _____**

Note: A separate Application Form with complete documents for each position will be required.