

APPLICATION FORM

For the post of	
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LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO SINDH, PAKISTAN



APPLICATION PROCEDURE

- Prescribed application forms are available in the office of the Director Human Resources LUMHS Jamshoro, on payment of Rs.2500/- (Non refundable) for each post, through a Bank Challan, payable in National Bank of Pakistan, LUMHS Branch, Jamshoro, or can be downloaded from the website www.lumhs.edu.pk duly supported with Pay Order / Bank Draft of Rs.2500/- in favour of Vice-Chancellor, LUMHS Jamshoro.

- Application form with full particulars must include three photographs, TWO SETS of attested photocopies of all relevant Educational certificates, Experience certificates, Residential documents (Domicile/ PRC of Sindh & CNIC) and Matriculation Pakka Certificate, Mark sheet and onwards including valid Pharmacy Council of Pakistan Registration Certificate and copies of Research Publications, should reach the Human Resources Department LUMHS JAMSHORO within due date.

- Separate application form for each subject/ discipline should be submitted. (Subject/ Discipline should be clearly mentioned in the application form).

- The required documents are to be submitted at the time of submission of application form and no further communication regarding short of documents will be made after due date. Application (s) on plain paper and/ or only CV will not be entertained.

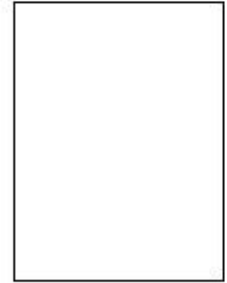
- Applicants who are already serving in Government/Semi-Government/ Autonomous Bodies should apply through proper channel accompanied by N.O.C from the employer.

- Age limit is relaxable as per Government policy.
- Those candidates who are working in Government/ Semi-Government/ Autonomous/ Semi-Autonomous bodies should apply through proper channel with Departmental Permission (NOC) and an advance copy of the application form(s) must also be received in this office within due date.
Only short listed candidates will be called for written test/ interview.
- University reserves the right to cancel all advertised post(s), partly or as a whole.
- Incomplete application(s), in any manner, shall not be entertained.
- Canvassing in any manner will disqualify the candidate.
- No T.A/D.A will be paid for appearing in written test / interview.
- 02% Quota is reserved for Disabled Persons. (Disability Certificate should be submitted at the time of submission of application form)
- 05% Quota is reserved for Minorities (Non-Muslims).
- 10% Quota is reserved for Women.

**LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES, JAMSHORO**



APPLICATION FORM FOR THE POST OF



Newspaper. ----- Advertisement No. & Date.

Fee Paid Rs. ----- Challan/ Draft/Pay Order No. ----- Dated -----

1. NAME IN FULL (Block Letters): _____
2. FATHER'S NAME: _____
3. MAILING ADDRESS: _____

4. PERMANENT ADDRESS: _____
5. TELEPHONE NO. (Res.): _____ (Off.) _____ (Mobile) _____
6. DATE OF BIRTH (dd/mm/Year): _____
7. SEX (Tick) Male Female 8. MARITAL STATUS: _____
9. PLACE OF BIRTH: _____ 10. DOMICILE/ PROVINCE: _____
11. RELIGION: _____ 12. NATIONALITY: _____
13. PEC Reg: No: _____ Valid upto _____
14. COMPUTERIZED NATIONAL IDENTITY CARD # _____
15. DISABILITY: YES / NO 16. Email: _____

17. ACADEMIC BACKGROUND:

QUALIFICATION/ DEGREE	NAME OF COLLEGE/UNIVERSITY	YEAR OF PASSING	GRADE/ DIVISION	MAJOR SUBJECTS

18. EMPLOYMENT RECORD AND JOB EXPERIENCE (in Chronological order)

DEPARTMENT/ ORGANIZATION	DESIGNATION / BPS	DURATION		TOTAL PERIOD	REASON FOR LEAVING
		FROM	TO		

19. RESEARCH PUBLICATIONS/ PUBLISHED PAPERS (No case report/ review article)

S.NO	TITLE	JOURNAL	AUTHOR (1 ST / 2 ND / 3 RD)	DATE OF ISSUE OF JOURNAL

(Use Additional Sheets If Necessary)

16. REFERENCES:

List of Two reputed and responsible persons: Particularly qualify to supply definite information regarding your character and ability. Please do not mention blood relation or close relation.

REFERENCE-I	REFERENCE-II
Name:	Name:
Position:	Position:
Address:	Address:
Tel.	Tel.

20. ATTESTED COPIES OF THE FOLLOWING TESTIMONIALS/ CERTIFICATES
ARE SUBMITTED WITH THE APPLICATION FORM

- | | |
|-----------|-----------|
| 1. _____ | 12. _____ |
| 2. _____ | 13. _____ |
| 3. _____ | 14. _____ |
| 4. _____ | 15. _____ |
| 5. _____ | 16. _____ |
| 6. _____ | 17. _____ |
| 7. _____ | 18. _____ |
| 8. _____ | 20. _____ |
| 9. _____ | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |

17. DECLARATION.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION FORM IS CORRECT. I UNDERTAKE THAT ANY FALSE STATEMENT OR ANY REQUIRED INFORMATION WITHHELD FROM THIS APPLICATION FORM ANY PROVIDE GROUNDS FOR THE WITHDRAWAL OF ANY OFFER OR DISMISSAL, IF APPOINTMENT HAS BEEN ACCEPTED.

Signature: -----

Dated: -----

Place: -----

PLEASE WRITE YOUR MAILING ADDRESS IN THE FOLLOWING EIGHT PLACES.
ANY CHANGE OF ADDRESS SHOULD BE INTIMATED IMMEDIATELY.

Name: _____

Father's Name: _____

Address: _____

Tel. _____

Name: _____

Father: _____

Address: _____

Tel. _____

Name: _____

Father's Name: _____

Address: _____

Tel. _____

Name: _____

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