

## **APPLICATION FORM FOR ACADEMIC POSITION**

NATIONAL COLLEGE OF ARTS (A Federal Chartered Institute)
4-Shahrah-e-Quaid-e-Azam, Lahore (Tel #: 92 (042) 99211622-99210601, Ext:142, 175 & 108)

|   | AHORE                      | RAWALPINDI  |                   |                |                          | ,<br>,<br>,                    | Affix ONE<br>Attested |         |
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|   | -                          |   | Nationality       |                |                          |                                | (Male/Fe              | emale)  |
| CINC No:  |                            | on of application: Y  | -                 |                | iritai Stati             | ıs:                            | (Married / S          | Single) |
| Mailing Address:<br>Permanent Address:<br>Cell No:                            |                            | Province  | Email:            |                |                          |                                |                       |         |
| QUALIFICATIONS AG   | Passing<br>Year            |   | Obtained<br>Marks | Total<br>Marks | Grade /<br>Div /<br>CGPA | Board / Univers<br>Institution | Certific              | cript   |
| D. D.   |                            |   |                   |                |                          |                                | Yes                   | No      |
| Ph.D  |                            |   |                   |                |                          |                                |                       |         |
| M.Phil / Masters<br>(18-years of<br>Education)                                |                            |   |                   |                |                          |                                |                       |         |
| Masters / Bachelors<br>(16-years of<br>Education)                             |                            |   |                   |                |                          |                                |                       |         |
| HSSC / A-Level  |                            |   |                   |                |                          |                                |                       |         |
| SSC / O-Level   |                            |   |                   |                |                          |                                |                       |         |

Others

## TEACHING EXPERIENCE: (Descending Chronological Order):

(Note: the Pro forma columns may be expended by reproduction on same size paper as per requirements)

Any experience mentioned must be supported by duly certified/attested copies of experience certificate. The experience mentioned and not supported by documents

shall not be taken into consideration.

| shall not be taken into consideration. |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  | Duration / Date |  | Total |  |  | Experi<br>Certifi | ience |
|--|------------------------------|-------------|-------|-------|-------|------------|------------|---------|---------|------------|---------|------------------|------------------------------|--|----------------|-------------|-------------------|------|-------|-----|--|--|--|--|--|--|-----------------|--|-------|--|--|-------------------|-------|
| Sr<br>No.                              | Department /<br>Organization | Designation | Govt. | Govt. | Govt. | Govt.      | Govt.      | Private | Private | t. Private | Private | Visiting Faculty | siting culty From Till Years |  | II Years Month | ears Months | Years Months Days | Days | Attac | hed |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
|  |                              |             |       |       |       |            |            |         |         |            | Yes     | No               |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
| 1.                                     |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
|  |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
| 2.                                     |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
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| 3.                                     |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
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| 4.                                     |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
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| 5.                                     |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
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| 6.                                     |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
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| 7.                                     |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
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| 8.                                     |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
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|  |                              |             |       |       | Total | Teaching E | xperience: | Υ       | M       | D          |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |
|  |                              |             |       |       |       |            |            |         |         |            |         |                  |                              |  |                |             |                   |      |       |     |  |  |  |  |  |  |                 |  |       |  |  |                   |       |

## PROFESSIONAL EXPERIENCE: (Descending Chronological Order):

(Note: the Pro forma columns can be expended by reproduction on same size paper as per requirements)

Any experience mentioned must be supported by duly certified/attested copies of experience certificate. The experience mentioned and not supported by documents shall not be taken into consideration.

|           | Duration / Date           |                         |             | on / Date   |       | Total  | Total |                         | ience |
|-----------|---------------------------|-------------------------|-------------|-------------|-------|--------|-------|-------------------------|-------|
| Sr<br>No. | Department / Organization | Designation             | From        | Till        | Years | Months | Days  | Certificate<br>Attached |       |
|           |                           |                         |             |             |       |        |       | Yes                     | No    |
| 1.        |                           |                         |             |             |       |        |       |                         |       |
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| 2.        |                           |                         |             |             |       |        |       |                         |       |
| 3.        |                           |                         |             |             |       |        |       |                         |       |
| 3.        |                           |                         |             |             |       |        |       |                         |       |
| 4.        |                           |                         |             |             |       |        |       |                         |       |
| 5.        |                           |                         |             |             |       |        |       |                         |       |
|           | Total Profes              | ssional Experience Excl | uding Teach | ning Years: | Υ     | M      | D     |                         |       |
|           |                           |                         |             |             |       |        |       |                         |       |

|     |                 |              | Total Profess          | sional Ex | perience Excluding Teaching Year      | s:   | Υ     | M       | D   |     |
|-----|-----------------|--------------|------------------------|-----------|---------------------------------------|------|-------|---------|-----|-----|
| Tot | al experience i | ncluding tea | ching and / or admin   | istrative | / professional:                       |      |       |         |     |     |
| 1)  | Teaching Ex     | кр. =        | Years                  | 2)        | Professional Exp.=                    | _Yea | ars T | Total = | Yea | ars |
| NO  | TE:             | Overlapping  | period of teaching and | / or admi | inistrative / professional experience |      |       |         |     |     |

## RESEARCH / PUBLICATIONS: (At International/National Level) Enclose copies of Research/Publication:

| Title | Publication                 | Year |
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| Title                      | evel) Enclose proof of Exhibition(s) held:  Venue       | Solo/ Group                 | Year / Date        |
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| RESEARCH PROJECTS: Enclose | proof of Research Projects:                             |                             |                    |
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| Mandatory Declaration:     |   |                             |                    |
|                            | n oath and affirm that the above information is true ar | nd correct to the best of m | v knowledge and    |
|                            | f deliberate concealment of facts, false or forged or m |                             |                    |
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| FOR OFFICE LISE ONLY       | CHORT ISTER   | NOT CHOPTHOTES              |                    |
| FOR OFFICE USE ONLY        | SHORTLISTED   | NOT SHORTLISTED             |                    |
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Official's Signature: