



# MALIR UNIVERSITY

OF SCIENCE & TECHNOLOGY



## Staff Application Form

Campus Applied For \_\_\_\_\_ Position Applied For \_\_\_\_\_

Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_ Cell No \_\_\_\_\_

EOBI Registration Number \_\_\_\_\_ Nationality \_\_\_\_\_

CNIC# \_\_\_\_\_ Mailing Address \_\_\_\_\_

\_\_\_\_\_ Res Phone \_\_\_\_\_

**Contact Details in case of emergency**

Name: \_\_\_\_\_ Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

Address:

**Working Experience** (Start with the current job)

| Organization<br>(Name & Address) | Designation | Job Description | Salary | From -<br>To | Reason for<br>leaving |
|----------------------------------|-------------|-----------------|--------|--------------|-----------------------|
|                                  |             |                 |        |              |                       |
|                                  |             |                 |        |              |                       |
|                                  |             |                 |        |              |                       |
|                                  |             |                 |        |              |                       |
|                                  |             |                 |        |              |                       |

## Educational Qualification

If you expect to complete an educational program in near future, please indicate below the type of degree or program and expected completion date:

| Degree/Program | Expected Date of Completion |
|----------------|-----------------------------|
|                |                             |

| Degree       | Degree Title | Institution | Year | Major Subjects | Div/CGPA |
|--------------|--------------|-------------|------|----------------|----------|
| PhD          |              |             |      |                |          |
| M PHIL       |              |             |      |                |          |
| Masters      |              |             |      |                |          |
| Bachelors    |              |             |      |                |          |
| Intermediate |              |             |      |                |          |
| Metric       |              |             |      |                |          |

|   |
|---|
| Desired Pay _____ Available for this job on _____ |
|---|

**Are you related to any current or former employee of MU?**

No  Yes (Name: \_\_\_\_\_ Designation: \_\_\_\_\_)

## References

Please list two professional references other than previous employers.

|                                  |                                  |
|----------------------------------|----------------------------------|
| Name _____                       | Name _____                       |
| Position _____                   | Position _____                   |
| Company & Address _____<br>_____ | Company & Address _____<br>_____ |
| Telephone _____ E-mail _____     | Telephone _____ E-mail _____     |

## Current / Previous Job Information

|  |  |
|--|--|
| <b>Current/Previous Employer/Company</b>   |  |
| <b>Company Address</b>   |  |
| <b>Designation &amp; Employee ID (If any)</b>  |  |
| <b>Date of Joining / Leaving (Whichever is applicable)</b>   |  |
| <b>Supervisor Name, Contact No. &amp; Email Address</b>  |  |
| <b>Current / Last Drawn Salary</b>   |  |
| <b>Details of Entitled Benefits (For e.g. Leaves, TPT, Accommodation, Fuel, Health / Life Insurance), PF, Gratuity, Medical Facilities (Use separate sheet if necessary)</b> |  |

## Applicant Certification

I certify that the information submitted in this application process is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I hereby authorize MU to inquire as to my educational certificates with the relevant educational institutions and my employment record with any of my former employers or my present employer with no liability arising there from.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_