

UNIVERSITY OF SINDH APPLICATION FORM

1. Name in full (Block Letters)					2.	Nar	ne (of fat	her				3.	Sı	ırnan	ie
4. Present Address					5. Permanent Address											
Tel No.	Ν	Iobile No	•		E-mail:											
6. (i) Date of Birth: 7. Religion (ii) Age:				8. Nationality												
9. Sex (Tick) Male Female					10. Marital Status (Tick) Single Married											
11. Place of Birth					12. Domicile: District: Province:											
District		Provir	nce		PRC: District: Province:											
13. Computerized N	ational	Identity	Card No.					-							-	
14. EDCUA	TION		ADEMIC A						QUA	ALI	FIC	ATI	ONS			
			se attach at				-	es					•			
Examination Passed	Examination Passed Name of the University / Divis Board M			ion/ (arks		e	Yea	r	Sı	ıbjec	ets	Tot Mai			arks ained	
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: <u>List three competent and responsible persons</u>, 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