



EMPLOYMENT APPLICATION FORM (LUAWMS)
LASBELA UNIVERSITY OF AGRICULTURE WATER AND MARINE SCIENCES
 UTHAL DISTRICT: LASBELA BALOCHISTAN Ph: 0853-610246-248 Fax 0853-610294

POST APPLIED FOR _____

Personal Information

01. Name: _____
02. F/Name: _____
03. Date of Birth: _____ 04. Nationality _____
05. CNIC

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 06: Marital Status _____
07. Domicile: _____ 08. Religion: _____
- 09: Spoken Languages: (1) _____ (2) _____ (3) _____ (4) _____
10. Please furnish two references with full particulars

Contact Details

11. Mailing Address _____
- _____
12. Mobile#: _____ 13. Email Address: _____

Qualifications

14. Highest Qualification [PhD] _____
15. Subject: _____ 16. Specialization: _____
17. Degree Awarding Institution _____
18. Publications National: _____ International: _____
19. Academic Record

Exam	Passing Year	Board / University	Attempt	CGPA/ Grade	Division	% age Marks	Major Subjects
Matric							
Inter							
Graduation							
Masters							

20. Computer Skills: _____

Experience

S No	Department	Designation	Salary	Date of Joining	Date of Leaving	Reason for leaving	Expected Salary

Affirmation by the Applicant

I certify that above information provided by me in this application form is true, complete and correct to the best of my knowledge and belief. I undertake that any misrepresentation or material omission made on this form or other documents desired by LUAWMS will result in cancellation of my employment in LUAWMS.

Date: _____, _____, 2007

 (Signature of Applicant)