

LASBELA UNIVERSITY
OF
AGRICULTURE, WATER AND MARINE
SCIENCES



EMPLOYMENT APPLICATION
FORM
(LUAWMS)

Post Code 90150 District Lasbela Ph:0853-610846, 610248 Fax:0853-610294
www.luawms.edu.pk, info@luawms.edu.pk

APPLICATION FORM

Name of Post: _____ NPS- _____

National Identity Card No.

						-										-	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	---	--

Paste your
Photo here

1. Name (Block Letters): _____
2. Father's Name: _____
3. Date and Place of Birth: _____ 4. Religion: _____
5. Marital Status: Married Unmarried 6. Domicile (District): _____
7. Permanent Address: _____
8. Contact No. _____ Email Address: _____
9. Mailing Address: _____
10. Qualification:
- a. Highest Qualification (Ph.D): _____
- b. Subject: _____ c. Specification: _____
- d. Degree Awarding Institute _____
- e. Publication (National) _____ f. International: _____

11. Academic Record:

Name of Examination (Please Tick)	University/ Board	Year of Passing	Division	Grade	Mark Percentage	Major Subject
1. SSC						
2. HSSC						
3. B.A/ B.Sc./B.Com						
4. BCS/BE (Four year)						
5. M.A/M.Sc./M.Com/MCS						
6. MS/ M.Phil						

12. Experience:

Post Held		Govt/Semi Govt. Organization	Period		Total	
Designation	BPS		From	To	Years	Months
			Total Experience			

Note: Please attach attested Photo copies of certificates.

Declaration: By signing below, I acknowledge that the above information is true to the best of my knowledge. Any misinformation would render me ineligible for the induction.

Signature



LASBELA UNIVERSITY
OF
AGRICULTURE, WATER AND MARINE SCIENCES- UTHAL
DISTRICT LASBELA, BALOCHISTAN

**DEPARTMENTAL PERMISSION CERTIFICATE FOR
PERSON IN GOVERNMENT SERVICE**

- (1) (a) Full Name of the advertised post _____
(b) Name of Department/Division/Ministry _____
- (2) (i) Name of candidate _____ Father's Name _____
(ii) I.D. Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(iii) Designation _____ BPS _____
(iv) Present department with complete address _____

- (3) I have applied for the above post on the prescribed form separately. Departmental permission for submission of my application, may kindly be forwarded to the Registrar, LUAWMS, Closing date for receipt of application by the University is _____.

Date _____ Signature of the candidate _____

- (4) Forwarded: Mr./Miss/Mrs. _____ is employed in this department since _____. He/she/holds a temporary/permanent/adhoc/contract/daily wages post under the Federal/Provincial/Semi Government/Government/Autonomous Corporation (strike out not applicable). His/her total continuous government service (Federal/Provincial is _____ years _____ months _____ days.
- (5) There is nothing adverse in his/her performance evaluation report (PER)/annual confidential reports/ records, antecedents/character, which may render him/her ineligible/unsuitable for the post applied for.
- (6) There is no disciplinary case pending against him/her in the Department/Organization, where he /she is serving.

Signature _____

Name _____

Registrar,
Lasbela University of Agriculture, Water and
Marine Sciences, Uthal District Lasbela
Balochistan, Ph 0853-610846-770

Designation and department with
complete address (to be signed by head
of the Department/Division/Ministry
(Official stamp must be affixed)