

LASBELA UNIVERSITY
OF
AGRICULTURE, WATER AND MARINE
SCIENCES



APPLICATION FORM

(For the post of Registrar/ Controller of Examinations/ Treasurer)

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



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.

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(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)