



National Accreditation Council for Teacher Education (Pakistan)

Affix one recent
Passport size
photograph

Job Applied For:								Sr. #			
Reference of Bank Draft # / Pay Order											
1. Personal Information											
Name: (in block letters)						Mr./Mrs./Miss					
Father/Husband 's Name (in block letters)											
Mailing Address:											
Telephone / Mobile:											
Email:											
Date of Birth:	Day	Month	Year	Age On closing date of Ad				Years	Months	Days	
C.N.I.C. No:						-					
Marital Status:	Married					Unmarried					
Gender:	Male					Female:					

2. EDUCATIONAL QUALIFICATION (in chronological order)

Certificate/ Degree	Major Subjects	Institution	Passing year	Marks / CGPA		Percentage / CGPA
				Obtained	Maximum	
Matric						
FSc/FA						
BSc/BA						
MSc/MA						
M.Phil/PhD						
Other specialized training						

3. WORK EXPERIENCE (starting from the most recent)

Organization	Position held/major duties	Duration							
		From			To				
		D	M	Y	D	M	Y		
Total									

4. PUBLICATIONS (Research publications in HEC / PEC recognized journals)

5. DISTINCTIONS/AWARDS

6. REFERENCES

1.	
2.	
3.	

7. CHECK LIST

✓ Identify documents attached with this application

- | | | |
|-----|--|--|
| 1. | Academics Certificates / Degrees | |
| a. | Matriculation | |
| b. | Intermediate | |
| c. | Bachelor | |
| d. | Master | |
| e. | M. Phil. | |
| f. | Ph.D. | |
| 2. | CNIC | |
| 3. | Two passport size photographs | |
| 4. | Domicile Certificate | |
| 5. | Experience / Service Certificate/s | |
| 6. | Certificate/s of Distinction/s | |
| 7. | Certificate/s of Co-curricular Activities: | |
| 8. | In case of in service, Departmental NOC issued by the
Appointing Authority. | |
| 9. | In case of Ex-Serviceman, Discharge Certificate | |
| 10. | Any other document | |

8. DECLARATION

I hereby solemnly declare that all the information provided herein is correct to the best of my knowledge and belief.

Date: _____ Candidate's Signature: _____

National Accreditation Council for Teacher Education, NACTE Pakistan

CERTIFICATE OF DEPARTMENTAL PERMISSION

TO BE SUBMITTED BY THE CANDIDATE WHO IS IN GOVT. / SEMI GOVT / AUTONOMOUS BODY SERVICE WITH THE APPLICATION FORM DULY COMPLETED, FAILING WHICH THE APPLICATION SHALL BE REJECTED.

1. The following particulars should be filled in by the candidate:-

a. Name:

b. Father's Name:

c. Post held presently:

d. Office / Department:

e. Post applied for:

f. Advertisement dated:

Dated: _____

Signature of the Candidate _____

2. (This portion should be filled in by the Department / Office.)

The above candidate has been permitted by this Office / Department to apply for the said post and that:-

a. He / She has been employed in this Department / Office as

_____ since _____

b. He / She holds this post in permanent / temporary / adhoc capacity.

c. If a Departmental candidate / employee is selected, he / she will be relieved by the parent Department to join the post for which he / she has applied.

Signature

Name and Designation of the
Appointing Authority or authorized
Officer on his behalf.

Dated: _____