APPLICATION FORM
Faculty Development program

Degree Program ________________________

Subject ________________________________

Note: Please mark/fill information as applicable

COMSATS Institute of Information Technology
(I)  **Personal Information**

Name

Father’s Name

Gender

| MALE | FEMALE |

Date of Birth

Qualification (last Degree with CGPA / %age)

Domicile

Present Address

Permanent Address

E-Mail

Personal Contact (ph. no.)

NIC #

NTS Score

Bank Draft/Pay Order No.

Already a Faculty Member of CIIT

| YES | NO |

If yes, date of Joining & present placement (position title/ Deptt./Campus)

(II)  **Academic Background /Professional Training**

(a)  **Academic Background** (Please start from highest qualification and go in descending order)

<table>
<thead>
<tr>
<th>Degree held</th>
<th>Year of award</th>
<th>Field</th>
<th>Institution</th>
<th>Grade / Div/ CGPA / %age *</th>
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Note:  * Please only state the one written on transcript (do not equate one for the other by yourself)
(b) **Professional Training**  (Please start from most recent training and go in descending order)

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<th>Course</th>
<th>Diploma/Certificate</th>
<th>Field of study</th>
<th>Institution</th>
<th>Grade / Div</th>
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A. NTS Score: ______________ Date of NTS Test: ______________

B. GRE (General), GRE (Subject) or GMAT and TOEFL Sources (if available): __________

(III) **Employment History**  (Please start from your recent job and go in descending order)

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<tr>
<th>Name of Organization</th>
<th>Post held with Pay Scale</th>
<th>Job Profile</th>
<th>Period From to</th>
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(IV) **Research Publications (Faculty positions only)**  
(Must include name of journal; year/volume of publication; page numbers; author(s); title)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(If required please use extra sheets)

(V) **Extra/Co-curricular Activities/Hobbies/Interests (if any)**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
(VI) **Route of Application**

- Through Proper Channel / NOC from Employer attached
- External candidates not currently in Service/ in Private Service

(VII) **Reference:** Provide Two Academic/Professional References

Reference No: 1.
Name_________________________________________ Position________________________
Address________________________________________________________________________
__________________________________________________________________________________ Phone No________

Reference No: 2.
Name_________________________________________ Position________________________
Address________________________________________________________________________
__________________________________________________________________________________ Phone No________

By signing below and submitting this application form I, __________________________ confirm that the information I have provided is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information.

Date__________________________ Signature of the Applicant

**Application Checklist:**

- Please tick mark each item attached with the application form
- Bank draft
- CV resume
- Attested photocopies of all educational degrees/ certificates
- Most recent photograph
- One page statement of purpose to pursue higher studies in the particular field
- Brief description of research interests
- NOC from the employer (for in service candidates)
- Valid and acceptable GRE (General / Subjective), GMAT/ TOEFL results (if available)
- Attested copies of NTS result card
- Two letter of reference from academic/ research supervisors
FOR OFFICE USE

Application Received by: ___________________________ Date __________

Checked by: ___________________________ Date __________

Short Listed ☐  Not Short Listed ☐  if not, reason(s) _____________________

______________________________________________________________

Signature & Name of Dealing Officer ______________________________

Date ________________