



SHAHEED ZULFIKAR ALI BHUTTO
INSTITUTE OF SCIENCE AND TECHNOLOGY

Faculty Application Form

Picture with white
background

Campus Applied For: _____
(Karachi /Islamabad /Larkana/Hyderabad)

Position Applied For: _____
(Professor /Associate Professor /Assistant Professor/Lecturer)
(Permanent Faculty/Visiting Faculty)

Subject Applied For: _____

Name: _____

Father's Name: _____

Date of Birth: _____

E-mail: _____

Nationality: _____

CNIC No: _____

EOBI Registration No: _____

Present Address: _____

Permanent Address: _____

Home Phone: _____

Cell No: _____

Marital Status: _____

Spouse's Name: _____

Contact Details in case of emergency

Name: _____

Cell No: _____

Email: _____

Address: _____

Relationship: _____

Educational Qualification

Degree	Degree Title	Institution	Year	Major Subjects	Div/ CGPA
Doctorate					
Masters					
Bachelors					

If you expect to complete an educational program in near future, please indicate below the type of degree or program and expected completion date:

Degree/Program	Expected Date of Completion

Teaching Experience

Institution	Program/ Class	Subject Taught	From -To

Research Supervisory Experience

Institution	Program (MS /M.Phil I/PhD)	Research Topic	From -To

Publication Record

Publication Title	Nature of Publication (Book /Journal Article / Newspaper Article)	Name of the Book Journal/Newspaper	Issue No. & Year

Other Working Experience

Organization	Title/Designation	Job Description	From -To	Reason for leaving

Current/Previous Job Information

Current/Previous Employer/Company	
Company Address	
Designation & Employee ID (If any)	
Date of Joining / Leaving (Whichever is applicable)	
Supervisor Name, Contact No. & Email Address	
Current / Last Drawn Salary	
Details of Entitled Benefits (For e.g. Leaves, TPT, Accommodation, Fuel, Health / Life Insurance) (Use separate sheet if necessary)	

*The above information is Pre-requisite.

Desired Pay _____

Available for this job on _____

Are you related to any current or former employee of SZABIST?

☐ No ☐ Yes (Name: _____ Designation: _____)

References

Please list two professional references other than previous employers.

Name _____	Name _____
Position _____	Position _____
Company & Address _____ _____	Company & Address _____ _____
Telephone _____ E-mail _____	Telephone _____ E-mail _____

Applicant Certification

I certify that the information submitted in this application process is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I hereby authorize SZABIST to inquire as to my educational certificates with the relevant educational institutions and my employment record with any of my former employers or my present employer with no liability arising there from.

Applicant's Signature _____ **Date:** _____