QUAID-E-AWAM UNIVERSITY
OF ENGINEERING, SCIENCE & TECHNOLOGY, NAWABSHAH

APPLICATION FORM FOR LAB. ENGINEERS / LAB. INSTRUCTORS & JR. LAB. ENGINEERS / JR. LAB. INSTRUCTORS

QUOTA FOR DIFFERENTLY ABLED PERSONS (DAPs)

Application Form No.: (For office use only)	
Applicant's Name:	
Father's / Husband's Name:	
District:	
Post Applied For:	

DOCUMENTS TO BE ATTACHED (IN THE FOLLOWING ORDER)

S. No.	Document	Attached
1	Bank Challan / Demand Draft	☐
2	Application Form / C.V.	☐
3	Four attested photographs	☐
4	SCNIC	☐
5	PRC (Form-D)	☐
6	Domicile Certificate	☐
7	Qualification Certificates (Ph.D., Master's, Bachelor's, Intermediate, SSC, as applicable)	☐
8	PEC Registration Certificate (where applicable)	☐
9	Experience certificates / relevant documents	☐
10	Disability Certificate issued by competent Medical Board (for applicants under disability quota)	☐
11	Other documents: _____	☐

APPLICATION FORM

The Registrar
QUEST, Nawabshah

Respected Sir,

I hereby apply for the post of _____ in the Department / Section of _____, in response to the advertisement published in News Paper _____/ QUEST Official website dated _____.

I. PERSONAL INFORMATION

Particulars	Details	Particulars	Details
Full Name		Father's Name	
SCNIC No.		Date of Birth	
Surname		Mobile No.	
Phone No.		E-mail Address	
Domicile		District	
Religion		Nationality	
Marital Status		PEC Registration No. (if applicable)	
Postal Address		Permanent Address	

II. DIFFERENTLY ABLED PERSON / SPECIAL QUOTA INFORMATION

Particulars	Applicant's Response
Type / Category of Disability (tick applicable)	☐ Physical/Mobility ☐ Visual ☐ Hearing ☐ Speech ☐ Intellectual ☐ Other: _____
Specific nature / description of disability	
Disability is:	☐ By birth / Congenital ☐ Acquired
If acquired, cause:	☐ Accident ☐ Illness ☐ Other: _____
Date / Year of disability occurred or was diagnosed (if applicable)	
Percentage / Degree of disability, as stated in certificate	
Disability Certificate No. (Issued by the Social Welfare/Disability Empowerment Department)	
Date of issuance of Disability Certificate	
Issuing Authority / Medical Board	
Name / designation of issuing Medical Board (if available)	
Certificate status / validity	☐ Permanent ☐ Temporary ☐ Valid up to: _____
Any assistive device / accommodation required during test or interview (if any)	_____

Documents to be attached by disability-quota applicants:

☐ Valid Disability Certificate issued by the competent Medical Board / authority

☐ SCNIC copy

☐ Any supporting medical documents, if relevant

☐ Other: _____

Note: The information in this section and the attached disability certificate shall be subject to verification by the University.

III. EDUCATION / PROFESSIONAL TRAINING

a) Academic Qualifications (starting from the last institution attended)

Degree / Certificate	Years (From–To)	Institution	Subjects / Specialization	Grade / Division
S.S.C.				
Intermediate				
Bachelor				
Master				
Ph.D.				
Other(s)				

b) Professional Training

Course / Certificate	Institution	Year	Score / Grade

c) Computer Literacy

List the programming languages and software packages you can proficiently handle:

1. _____

2. _____

3. _____

d) Awards / Distinctions

1. _____

2. _____

3. _____

IV. EXPERIENCE (Starting from the current job)

Name of Post	Basic Pay Scale	Organization	Service Period (From–To)

Note: Attach additional sheet(s) for further relevant information. Attested photocopies of all certificates/documents

VIII. REFERENCES (TWO PERSONS)

Sr. No.	Full Name	Designation / Relationship	Present Address	Telephone / Mobile
1				
2				

Date: _____ Place: _____

X. APPLICANT'S DECLARATION

I hereby declare that the information provided in this Application Form and the documents attached herewith are true and correct to the best of my knowledge and belief. I understand that any false, misleading or concealed information may result in rejection of my application or cancellation of candidature/appointment, in accordance with applicable rules.

I further declare that the particulars of my disability and the disability certificate provided are genuine and accurate, and I authorize the University to verify the submitted certificate and information from the issuing authority, where required.

Signature of Applicant: _____ Date: _____

MUST BE FILLED BY THE APPLICANT

Name_ _	**Name**_ _
Fathers name_ _	**Fathers name**_ _
Postal address_ _	**Postal address**_ _
_ _	_ _
_ _	_ _
Tel_ _	**Tel**_ _
Mobile_ _	**Mobile**_ _
Name of the post applied for _____	**Name of the post applied for** _____
_____	_____

Name_ _	**Name**_ _
Fathers name_ _	**Fathers name**_ _
Postal address_ _	**Postal address**_ _
_ _	_ _
_ _	_ _
Tel_ _	**Tel**_ _
Mobile_ _	**Mobile**_ _
Name of the post applied for _____	**Name of the post applied for** _____
_____	_____

QUAID-E-AWAM UNIVERSITY
OF ENGINEERING, SCIENCE & TECHNOLOGY, NAWABSHAH

Interview/Test Call Letter

Roll No._____

PHOTOGRAPH

MUST BE FILLED BY THE APPLICANT
IN BLOCK LETTERS

1. For the post of _____

2. Full Name of Applicant_____

3. Father Name_____ _____

4. S.C.N.I.C. No._____ _____

To be filled by the Office

- Date _____ Time_____

Note:

- ***Please bring SCNIC, original and Photostat set of all qualification and experience certificates along with this letter at the time of test/interview.***
- ***No TA/DA will be paid.***
- ***Please observe proper timings.***

REGISTRAR
QUEST, NAWABSHAH

QUAID-E-AWAM UNIVERSITY
OF ENGINEERING, SCIENCE & TECHNOLOGY, NAWABSHAH

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REGISTRAR
QUEST, NAWABSHAH