



# Pakistan Institute of Community Ophthalmology

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## Application Form for the Post of Assistant Professor Optometry BPS-18

Serial No. (For Official Purpose): \_\_\_\_\_

Post Applied For \_\_\_\_\_

Read the following instructions carefully before filling the form.

- This application form, duly completed should be submitted to the Director, Pakistan Institute of Community Ophthalmology on or before the due date along-with the following documents:
- Attested photocopies of certificates, degrees, detailed marks certificates/transcripts, domicile, CNIC, experience certificates and other relevant testimonials.
- Persons already in employment should submit their application forms through proper channel along-with NOC issued by the competent authority.
- Incomplete application forms and those received after the due date will not be entertained.
- Use additional sheets, if required.
- Fill all the columns. Write N/A if not applicable

1. **NAME** (In block letters) Mr. /Miss. /Mrs. \_\_\_\_\_

2. **FATHER'S NAME** \_\_\_\_\_

3. **ADDRESS AND OTHER PARTICULARS:**

(i) For correspondence (Test / Interview Call)

(ii) Mobile: \_\_\_\_\_ (iii) Phone. No: \_\_\_\_\_

(iii) Permanent Home Address (For Correspondence):  
\_\_\_\_\_  
\_\_\_\_\_

(iv) Gender: \_\_\_\_\_ (v) Domicile: \_\_\_\_\_ (vi) Nationality: \_\_\_\_\_

(vii). Marital Status: \_\_\_\_\_

(viii) Date of Birth: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

(ix) Age on closing date : \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

4. **EDUCATION: Commencing from the Matriculation or Equivalent Examination.**

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Division/ Distinction	Attempt	% Marks Obtained
1.						
2.						

3.						
4.						
5.						
6.						
7.						
8.						

**5. ADDITIONAL RELEVANT QUALIFICATION:**

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA

**6. FORMAL TRAINING OR EDUCATION:**

S#	Name of Institution	Type of Training	Period	Certificate or Diploma obtained
			From - To	

**7. RESEARCH PRESENTATION IN SCIENTIFIC CONFERENCES / MEETINGS:**

<b>S#</b>	<b>Title of Research Paper</b>	<b>Name of Conference/Meeting</b>	<b>Period</b>	<b>Country</b>
			<b>From - To</b>	

*Attach additional sheet (if required).*

**8. RESEARCH PROJECTS:** Give particulars of all post-graduate research work done. Mention name of Institution and Professor under whose guidance research completed.

<b>S.#</b>	<b>Nature of Research</b>	<b>Name of Institution</b>	<b>Name of Professor</b>

*Attach additional sheet (if required).*

9. **RESEARCH PUBLICATIONS:** Attach attested photocopy of title of journal with each research paper mentioning Impact Factor.

S#	Title of Research Paper	Name of Journal	Date of publication	Principal/ Co-author with S. No. of author	HEC/PM&DC/CPSP recognized Yes/No	Impact Factor of the Journal

*Attach additional sheet (if required).*

**10. EMPLOYMENT RECORD:**

S#	Name of Institute / Organization	Period		Designation & Grade	Job Description (Teaching / Research / Admin)	Nature of Job (Permanent / Temporary)	Status of Organization (Govt./Semi Govt./ Autonomous)
		From	To				


**11. COUNTRIES VISITED:**

S#	Name of Country	Duration	Purpose of Visit

**12. REFERENCES:**

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_

**13. State any other relevant facts. (Attach additional sheet, if required).**

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**14. Checklist of required documents attached.***(Please mention the attached documents, other than enlisted below, at serial No. 21 & onwards)*

S.No.	Name of Document	Attached <input type="checkbox"/> Please Tick (if attached)	Not Applicable <input type="checkbox"/> Please Tick (if not applicable)	Page No. (Write page number on the top right corner of the attached documents)
1.	CNIC	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Matric Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Matric DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Intermediate DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Bachelors/Graduation Degree	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Bachelors/Graduation DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Post Graduate Diploma Degree/Transcript.	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Masters Degree	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Masters DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
12.	M.Phil /MS Degree	<input type="checkbox"/>	<input type="checkbox"/>	
13.	M.Phil /MS DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Ph.D degree	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Post Doctorate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Diploma Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Seminar / Training Certificates	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Departmental NOC	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Relevant Experience Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
20.	02 Pictures	<input type="checkbox"/>	<input type="checkbox"/>	
21.		<input type="checkbox"/>	<input type="checkbox"/>	
22.		<input type="checkbox"/>	<input type="checkbox"/>	
23.				

*\* Attach additional sheet (if required).*


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I hereby declare that all the entries made in this application form, all the above information and the additional particulars/documents furnished along-with it are true to the best of my knowledge and belief.

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 Name & Signature of the Candidate

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_