

UNIVERSITY OF GUJRAT

Name of Institution: _____

Sr #	Name/Subject/BPS	Permanent/ Contract	Experience of Duties (Years)	Complete mailing Address (Home and Official)	Contact No Residence,Office & Mobile	Availability of Exams (Please Tick)		Choice of Places (03) to Perform duties	
1	Name:					1. Graduation Annual	YES/NO	1	
	Subject:					2. Masters Annual	YES/NO		
	BPS					3. Graduation Supply	YES/NO	2	
	CNIC No:					4. Masters Supply	YES/NO	3	
2	Name:					1. Graduation Annual	YES/NO	1	
	Subject:					2. Masters Annual	YES/NO		
	BPS					3. Graduation Supply	YES/NO	2	
	CNIC No:					4. Masters Supply	YES/NO	3	
3	Name:					1. Graduation Annual	YES/NO	1	
	Subject:					2. Masters Annual	YES/NO		
	BPS					3. Graduation Supply	YES/NO	2	
	CNIC No:					4. Masters Supply	YES/NO	3	
4	Name:					1. Graduation Annual	YES/NO	1	
	Subject:					2. Masters Annual	YES/NO		
	BPS					3. Graduation Supply	YES/NO	2	
	CNIC No:					4. Masters Supply	YES/NO	3	
5	Name:					1. Graduation Annual	YES/NO	1	
	Subject:					2. Masters Annual	YES/NO		
	BPS					3. Graduation Supply	YES/NO	2	
	CNIC No:					4. Masters Supply	YES/NO	3	
6	Name:					1. Graduation Annual	YES/NO	1	
	Subject:					2. Masters Annual	YES/NO		
	BPS					3. Graduation Supply	YES/NO	2	
	CNIC No:					4. Masters Supply	YES/NO	3	

(For more names photocopy of performa may be used)

Name,Seal,Signature & CNIC No of Principal/HOD