

Visiting Faculty Job Application Form

PAKISTAN MARINE ACADEMY, KARACHI
MINISTRY OF MARITIME AFFAIRS (MOMA)



Applicant Name _____

Post applied for _____

Note: Please mark/fill information as applicable

(I) Personal Information

Affix a recent
Photograph
(*passport size*)

Name	
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Father's Name	
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Gender	<table border="1"><tr><td>MALE</td><td></td></tr></table>	MALE		<table border="1"><tr><td>FEMALE</td><td></td></tr></table>	FEMALE	
MALE						
FEMALE						

Date of Birth	____-____-____	Age	____ <i>Years</i> , ____ <i>Month(s)</i> & ____ <i>day(s)</i>
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CNIC No. (copy may also be attached)						-								-	
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Marital Status		Blood Group	
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Nationality		Domicile <small>(copy may also be attached)</small>	
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Highest Qualification		Passing Year	
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PEC Reg. No. (<i>if available</i>)	
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Present/ Postal Address	

Permanent Address	

Mobile No.	
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Phone No. (Residence)	
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E-Mail	
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(II) Academic Background, Professional Training & Extra/ Co-curricular Activities

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

Degree/ Certificate held	Session		Year of Award	Field/ Subject	University/ Institute/ Board		Marks Detail		Grade/ Division/ CGPA
	FROM	TO			Institution Name	Country	Obtained	Total	

(b) Professional Training (Please start from most recent training and go in descending order)

Course	Diploma/Certificate	Field of study	Institution	Grade

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

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

(a) **Teaching**

Name of Organization	Designation	Scale	Job Profile	Duration Time		
				Dates		Period
				From	To	YY-MM-DD
						____-____-____
						____-____-____
						____-____-____
						____-____-____
Total				____ YY, ____ MM, ____ DD		

(b) **Industrial** (if any)

Name of Organization	Designation	Scale	Job Profile	Duration Time		
				Dates		Period
				From	To	YY-MM-DD
						____-____-____
						____-____-____
						____-____-____
						____-____-____
Total				____ YY, ____ MM, ____ DD		

Total Experience (Teaching & Industrial)	Years	Months	Days

(IV) **Reference: -** Provide Two Academic/Professional References

Reference No: 1. Name_____ Position_____
Address_____

Phone No_____
Email_____

Reference No: 2. Name_____ Position_____
Address_____

Phone No_____
Email_____

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

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_____