

Pokhara University **School of Health and Allied Sciences**

Application form for Post of Lecturer (Prescribed by P.U. Service Commissions)

Application form number:	Advertisement Number:							
Application registration number :	Open	Internal	Promotion					
Date:	Permanent Full time contract							
Voucher Number :		Amount:						
1. Applied Position :		Subject:						
2. Applicants Name:								
3. Personal details:								
3.1 Nationality:	Nationality No.	:						
3.2 Date of Birth: B.S.	Date of Birth	: A	D.					
3.3 Current Age:	Birth Place:			Recent Passport				
3.4 Sex : Male Female	Color:			Size Photograph				
3.5 Religious :	Special Mark:							
3.6 Height:	Marital Status	: Married Unmarried Divorced n name of spouse :						
3.7 Father's Name :	If married then							
3.8 Grandfather's Name:								
3.9 Mother's Name:								
3.10 NEC Regd. No.:								
3.11 Permanent addresses:		Temporary Addresses						
Province Name:		Province Name						
Zone:		Zone:						
District:		District:						
Municipality	Municipality							
Ward No	Ward No							
House No.	House No.							
Telephone No	Telephone No							
4. Details of Current Occupations								
Current Position:	Name of Office:							

Job Type	Job Type: Start Date:									
5. Education	Qualification	n :			•					
Degree	Year of Completion		Name of Institute / University		Major Su	ıbjects	Percentage/C GPA		Division	Name of Degree
SLC										
Intermediate										
Bachelor										
Masters										
M. Phil										
PhD										
5. Details of	Experiences	<u> </u>								
Name of Organization / Office		/	Type (Permanent / contract)		Position S		Date	End Date		Duration
	Subjective Tone level b		ing (The trainin	g acq	uired from	authori	zed instit	tution f	or the app	olied
Name of Tra	aining	Nan	ne of the organ	izatio	n	Start	date	End 1	Date	Duration

7.]	Languages - List m	nother tong	ue first				l			
S.No	Language	Ability of Write			Al	oility of S	peak	Ability to Res		Read
		V. Good	Good	Poor	V. Good	Good	Poor	V. Good	Good	Poor
I hereby affirm that the information I have provided in this application is complete and correct to the best of my knowledge .I understand and accept that any wrongful representation , falsification or omission of information will be the ground for rejection of my application for employment and for immediate dismissal at any point in time if already employed . I authorize for a thorough investigation into the information provided here in connection with this application, if the university deems it necessary. I have read and affirm as my own the above statement .I hereby apply for the employment of PU .If hired as a faculty I will comply with all the rules , regulation and condition of the university										
Date :					Applicants	Signatu	re :			

Details of Subjective Research Reports, Master's Thesis Supervised, Subjective Research Articles and Test Books and Reference Books.

Position applied for:

Name of Applicants:

Adverti	rtisement No: Subject:									
1.	Details of	Subjective	Research	Repor	ts					
S.No.	Name of	Research I	Reports	Name	of	Institute	Date of Completion		ber of stigator	Marks obtained (Official use)
2.	Details of	Masters Le	evel Thesis	Superv	/ise	ed				
S.No.	Name of Thesis Title				Name of I	nstitute	Marks obtained (Official use)			

3.	Details of Subjective Research	Article	es						
S.No.	Title of the conference / Journal Paper		Name of Publication		Date of Publication		Authors Name		Marks obtained (Official use)
4	Details of Test Book and Refere	ence F	300]	k Publish	ed				
S.No	Name of Book	Lev	el	Name of Publication	on	Date of Publication		Name of Authors	Marks Obtained (Official Use)



Time:

Pokhara University School of Health and Allied Sciences Admit Card

(Prescribed by P.U. Service Commissions)

Advertisement Number:						
Name of Applicants:						
Applied Position	Passport Size					
Subject:	Photograph					
Job Type :						
Applicants Signature :						
Official Purpose						
Roll No	Roll No Examination Date :					
Exam Center :	e:					
Time:						
School of	Pokhara University Health and Allied Sciences Admit Card ed by P.U. Service Commissions)					
Advertisement Number:						
Name of Applicants:						
Applied Position	Passport Size					
Subject:	Photograph					
Job Type :						
Applicants Signature :						
Official Purpose		'				
Roll No						
Exam Center:	2:					