



# University of Lakki Marwat

## APPLICATION FOR VISITING FACULTY

<p><b>Department applied for :</b> _____</p> <p><b>Highest Degree:</b> _____</p> <p><b>Name of University/Institution of Highest Degree:</b> _____</p> <p><b>Country of Highest Degree:</b> _____</p>	<p>Photograph (Passport size)</p>
---	---------------------------------------

<p><b>1. Name (in block letters):</b> _____</p>	
<p><b>2. Father's Name (in block letters):</b> _____</p>	
<p><b>3. Address:</b> _____ _____</p> <p>i) <b>E-mail:</b> _____ ii) <b>Telephone:</b> _____</p>	
<p><b>4. i) Date of birth:</b> ____/____/____/ (D/M/Y)      ii) <b>Gender:</b> _____</p>	
<p><b>5. Nationality:</b> _____</p>	<p><b>6. National ID:</b> _____</p>
<p><b>7. Religion:</b> _____</p>	<p><b>9. Minority:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>10. Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please attach Disability Certificate)</p>
<p><b>8. Employment Status</b> _____</p>	
<p>i) <b>Designation:</b> _____</p>	
<p>ii) <b>Name of Organization</b> _____</p>	
<p>iii) <b>Job Status:</b> _____</p>	
<p>iv) <b>NOC (If yes please attach NOC)</b></p>	

Please attach your CV with this form.

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_