Top of Form

Faculty Information Form

Incase any field is not applicable to you please put a hyphen (-) sign.

The name and photo associated with your Google Account will be recorded when you upload files and submit this form. Not **syed.ali9451@gmail.com**? [Switch account](https://accounts.google.com/AccountChooser?continue=https://docs.google.com/forms/d/e/1FAIpQLSdWwd0Ej6HzhAhfY_RWp5Y3wUen484qj0RSiuqTVMZ7_GjUIg/viewform?c%3D0%26w%3D1%26usp%3Dmail_form_link%26pli%3D1&service=wise)

\*Required

Bio Data

Incase any field is not applicable to you please put a hyphen (-) sign.

Employee ID \*



Your answer

Full Name \*

As Per CNIC



Your answer

Gender \*

Female

Male

CNIC No \*



Your answer

Date Of Birth \*

Date



Place Of Birth \*



Your answer

Nationality \*



Your answer

Residential Address \*

Your answer



Phone No \*



Your answer

Email \*



Your answer

Pakistan Engineering Council (PEC)/Pharmacy Council Pakistan (PCP) NO:



Your answer

Teaching Load per semester (Cr.Hrs.) \*



Your answer

Area of Interest Teaching \*



Your answer

No. of Students being Supervised PhD \*



Your answer

No. of Students being Supervised MPhil \*



Your answer

No. of Students being Supervised FYP/Thesis \*



Your answer

Date Of Joining \*

Iqra University

Date



Current Employee

For Visiting



Your answer

Department \*

Management Sciences

Computer Science

Media Science

Heath Sciences

Humanities

Computer Engineering

Doctor of Physical Therapy - DPT

Other:



Qualification Profile

Incase any field is not applicable to you please put a hyphen (-) sign.

Doctoral Degree Name & Specialization \*



Your answer

Passing Year \*



Your answer

University Name & Place \*



Your answer

Masters Degree Name & Specialization \*



Your answer

Passing Year \*



Your answer

University Name & Place \*



Your answer

Bachelors Degree Name & Specialization \*



Your answer

Passing Year \*



Your answer

University Name & Place \*



Your answer

Other Degree Name & Specialization \*



Your answer

Passing Year \*



Your answer

University Name & Place \*



Your answer

Academic Documents

ADD FILE

Experience Profile

Incase any field is not applicable to you please put a hyphen (-) Sign

National Industrial Experience (In Years) \*

Choose

International Industrial Experience (In Years) \*

Choose

National Academic Experience (In Years) \*

Choose

International Academic Experience (In Years) \*

Choose

Experience Documents

ADD FILE

Research Profile

Incase any field is not applicable to you please put a hyphen (-) Sign

No. of local conferences attended as speaker \*



Your answer

No. of international conferences attended as speaker \*



Your answer

No. of publications in local journals \*



Your answer

No. of publications in international journals \*



Your answer

No. of books/book chapter written \*



Your answer

Attachments

Formal Picture \*

ADD FILE

Resume \*

ADD FILE

Research Work

ADD FILE

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[Forms](https://www.google.com/forms/about/?utm_source=product&utm_medium=forms_logo&utm_campaign=forms)