

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD

**DIRECTORATE OF DISTANCE EDUCATION**

Phone: +92-51-9019470, 051-9019944; Fax: +92-51-9258079

**PART TIME/VISITING FACULTY APPLICATION FORM**

**FOR M.ED /M.A EDUCATION/M.A PAKISTAN STUDIES**

**Note:** please complete the form in all respect and attach original bank draft, C.V. and attested copies of all testimonials.

Name (Block Letters): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Subject: Education ☐ Pakistan Studies: ☐

CNIC No: \_\_\_\_\_ Email: \_\_\_\_\_ NTN: \_\_\_\_\_

Cell No \_\_\_\_\_

Designation (if any): \_\_\_\_\_ Parent Department: \_\_\_\_\_

Teaching Experience: 1. Level \_\_\_\_\_ 2. Years \_\_\_\_\_

Address: \_\_\_\_\_

District: \_\_\_\_\_ Tehsil: \_\_\_\_\_

Bank Darft No. \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_

(to be deposited in A/C No. \_\_\_\_\_ ABL in favour of Directorate. of Distance Education”  
International Islamic University Islamabad.

**ACADEMIC RECORD**

Examination	Board/University	Year	Division/ Grade	Marks Obtained/Total	Major subjects
Matric/O Level					
FA/F.Sc.					
BA/B.Sc.					
MA/M.ED/M.Sc.					
M.Phil/M.S.					
Ph.D.					
Others (if any)					

Signature of applicant: \_\_\_\_\_

Counter signed by competent authority (If Employed):

Name Head of Department. \_\_\_\_\_ Signature. \_\_\_\_\_ Stamp \_\_\_\_\_

**References:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Postal Address:**

Director

Directorate of Distance Education, Room No A 107. Block-1, Imam Abou Hanifa, H-10,  
International Islamic University Islamabad. Ph: 0519019470

INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD (IIUI)	
DIRECTORATE OF DISTANCE EDUCATION (DDE)	
HABIB BANK LTD. A/c No. 00427991603303	
ALLIED BANK LTD A/c No. 0020000143260716	
CHALLAN NO.:	
NAME:	
FATHER'S NAME:	
CNIC/ SMART NO.:	
CONTACT NO.:	
PARTICULARS	AMOUNT (Rs.)
Application Processing Fee	1,000
Total Amount	1,000
Officer (Fee Section)	Cashier (Bank)
BANK COPY	

INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD (IIUI)	
DIRECTORATE OF DISTANCE EDUCATION (DDE)	
HABIB BANK LTD. A/c No. 00427991603303	
ALLIED BANK LTD A/c No. 0020000143260716	
CHALLAN NO.:	
NAME:	
FATHER'S NAME:	
CNIC/ SMART NO.:	
Contact No.	
PARTICULARS	AMOUNT (Rs.)
Application Processing Fee	1,000
Total Amount	1,000
Officer (Fee Section)	Cashier (Bank)
PERSONAL COPY	

INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD (IIUI)	
DIRECTORATE OF DISTANCE EDUCATION (DDE)	
HABIB BANK LTD. A/c No. 00427991603303	
ALLIED BANK LTD A/c No. 0020000143260716	
CHALLAN NO.:	
NAME:	
FATHER'S NAME:	
CNIC/ SMART NO.:	
Contact No.	
PARTICULARS	AMOUNT (Rs.)
Application Processing Fee	1,000
Total Amount	1,000
Officer (Fee Section)	Cashier (Bank)
IIU COPY	

INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD (IIUI)	
DIRECTORATE OF DISTANCE EDUCATION (DDE)	
HABIB BANK LTD. A/c No. 00427991603303	
ALLIED BANK LTD A/c No. 0020000143260716	
CHALLAN NO.:	
NAME:	
FATHER'S NAME:	
CNIC/ SMART NO.:	
Contact No.	
PARTICULARS	AMOUNT (Rs.)
Application Processing Fee	1,000
Total Amount	1,000
Officer (Fee Section)	Cashier (Bank)
DDE/ OFFICE COPY	