

Department of Health, Physical Education & Sports  
Sciences & Doctor of Physical Therapy Program



**UNIVERSITY OF KARACHI**

University Road, Karachi-75270

Tel: (021) 9926 1344 Email: registrar@uok.edu.pk

No. B/Advt./2022-

March 31, 2022

**CORRIGENDUM : ADDENDUM**

**JOB OPPORTUNITIES**

**PHYSIOTHERAPIST** (Male) (Contractual)

**PHYSIOTHERAPIST** (Female) (Contractual)

*With reference to and in Continuation of our Advertisement on the above noted subject, which appeared in this Newspaper of **Sunday, 27th March 2022**, all the Prospective Applicants are requested to consider the following Correction / Addition in the Advertisement.*

Application Form can be downloaded from  
our Official Website: [www.uok.edu.pk](http://www.uok.edu.pk)

The Application Form duly completed and accompanied by a **Pay Order** of **Rs. 2,000** for Candidates from within Pakistan or **Rs. 2,500** for Candidates from abroad in favour of "**University of Karachi**" as well as **Attested Photocopies** of **Credentials, Resume** and **Cover Letter** should reach the **Deputy Registrar HRM, University of Karachi,** Karachi-75270 NOT later than **10 Working Days** hereof.

**REGISTRAR**



**UNIVERSITY OF KARACHI**  
**APPLICATION FOR THE POST OF PHYSICAL THERAPIST**  
**(Fixed Salary, Contractual Post)**

Pay Order No. \_\_\_\_\_

Post Applied For \_\_\_\_\_

P.O. Date. \_\_\_\_\_ Amount Rs. \_\_\_\_\_

Dept./Office: \_\_\_\_\_

Bank Name. \_\_\_\_\_

Date of Advertisement \_\_\_\_\_

For Office Use only

Please paste a  
current  
Photograph

**INSTRUCTIONS**

1. The application forms dully completed and accompanied by a Pay Order of **Rs. 2,000/-** for within Pakistan & **Rs. 2,500/-** or Equivalent from outside Pakistan drawn in favor of "University of Karachi" Should reach the Deputy Registrar HRM, University of Karachi-75270, not later than the due date as per advertisement.
2. Updated C.V. must be attached with this form.
3. Candidates already working in Government / Semi Government Departments of Autonomous Bodies in Pakistan must apply through proper channel.
4. Copies of attested Certificates, Testimonials and other documents must be submitted with the application.
5. Please answer each question clearly and completely. Type or write in block letters. Please make sure before submitting this form that it is complete and the required documents are enclosed. Failure to do so will render the application liable to rejection.
6. Canvassing in any form or suppression og any material will result in disqualification.
7. No TA/DA will be paid for Test/interview.
8. Use additional sheet. If necessary.

**NAME:** \_\_\_\_\_

(In block letters as per matric certificate)

**FATHER'S NAME:** \_\_\_\_\_

(In block letters as per matric certificate)

**Postal Address** (For Correspondence) : \_\_\_\_\_

**Permanent Home Address:** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Mobile #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Province of Domicile:** \_\_\_\_\_ **Age:** \_\_\_\_\_ (Years)

**Marital Status:** Single / Married **Nationality:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Gender:** Male / Female **CNIC No.** [ ]

**EDUCATION** (Commence with the Matriculation or Equivalent examinations)

S.#	Board / University	Year attended		Examinations Certificate / Degree	Passing Year	Division / Grade	Main Subjects
		Form	To				
1.							
2.							
3.							
4.							
5.							
6.							

**PREVIOUS EMPLOYMENT RECORD:**

Present or most recent appointment held \_\_\_\_\_ Grade \_\_\_\_\_

Name of Institution / Department \_\_\_\_\_

**DETAILS OF EMPLOYMENT/ EXPERIENCE**

S.#	Designation / POST	Institution / Department	Description of Your work	Working Period		Experience		
				Form	To	Year/s	Month/s	Days
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**LANGUAGES:**

Language	Read			Write			Speak			Diploma or Certificate obtained
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	

**COUNTRIES VISITED:**

Country Name	Date		Duration	Purpose of Visit
	From	To		

**REFERENCES:**

1. _____	2. _____
----------	----------

**LIST OF CERTIFICATES ATTACHED:**

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

- Are you free from pecuniary embarrassments? Please tick (  ) Yes (  ) No (  )
- If you are under liability to repay money advanced by an institution of Party For your education or any other purpose? If so state, the particular? Please tick (  ) Yes (  ) No (  )
- Have you been convicted and sentenced by any court of law? If so, an attested copy of the judgment should be attached. Please tick (  ) Yes (  ) No (  )
- If appointed, would you need to give a notice before joining the post? \_\_\_\_\_
- Are you willing to accept the minimum initial pay offered; if not, state what is the lowest initial pay that you would accept? \_\_\_\_\_
- Are you an accepted candidate for any post under Government or otherwise? Please tick (  ) Yes (  ) No (  )  
If so, give particulars. \_\_\_\_\_
- Have you applied or had previously applied for any other post advertised by the University? Yes (  ) No (  )  
If so, give particulars and dates. \_\_\_\_\_

I hereby declare that all the entries in this application form and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief.

Date: \_\_\_\_\_

Signature of Applicant