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The Government  
Sadiq College Women  
University Bahawalpur Pakistan

Campus \_\_\_\_\_

No. \_\_\_\_\_

Date. \_\_\_\_\_

**PART TIME /VISITING FACULTY REQUISITION FORM**

**Instructions:**

1. Only one form will be completed in respect of one Teacher in one Semester.
2. All courses, whether in the Department or outside of the Department proposed for the teacher will be entered in the Form.
3. The Form will be submitted with the signature of the Chairperson / Head of the Department through the Dean.
4. Attached CV of the visiting faculty (other than university regular/contract faculty) dully verified by Chairman / Head of the Department.
5. All teachers may attach attested copy of CNIC.
6. The Form must be filled in all respect and submitted for Vice-Chancellor's approval within 15 days of the start of the Semester.
7. \*Employee Code is only for University Regular / Contractual Employee.

**Part Time Teacher Request.**

CNIC # 

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 \*Employee code 

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1. Name of the Teacher: \_\_\_\_\_
2. Designation: \_\_\_\_\_
3. Department (Posting): \_\_\_\_\_
4. Faculty: \_\_\_\_\_ - \_\_\_\_\_
5. Status: Permanent: 

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 Contract: 

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 TTS: 

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 IPFP: 

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 Visiting: 

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**6. Work Load of Regular Teacher:**

Sr.#	Title of Course	Department	Course Code	Credit Hrs.	Program	Semester	Session	Commencement Date	Shift M/E
<b>a) Regular Courses</b>									
I									
ii									
iii									
Iv									
<b>b) Part Time / Extra Courses</b>									
i									
ii									
iii									
iv									

Visiting Faculty Teaching Request CV must be attached dully verified by Chairman/Head of the Department Concerned.

Particulars of visiting Faculty:-

Degree: \_\_\_\_\_ Specialization Subject: \_\_\_\_\_ Division/CGPA:- \_\_\_\_\_

Sr.#	Title of Course	Department	Course Code	Credit Hrs.	Program	Semester	Session	Commencement Date	Shift M/E
I									
ii									
iii									

**Certification & Verification**

It is certified that the teacher concerned is teaching required teaching load as indicated above and only ----- additional courses as part time as per university policy.

Filled by: \_\_\_\_\_  
Name Signature Date

Verified by: \_\_\_\_\_ Date: - \_\_\_\_\_  
Name & Signature of Chairperson/Head of Department

Recommendation: \_\_\_\_\_ Date: - \_\_\_\_\_  
Signature & Stamp of Dean of Concerned Faculty

Recommendation: \_\_\_\_\_ Date: - \_\_\_\_\_  
Signature & Stamp of Registrar