



**Higher Education Commission
Visiting Foreign Faculty Program (VFFP)
Application Form**

Note: Please fill out the form in block letters and attached your CV and other documents (if required).

I. Personal Information

1. Family Name:		2. Given Name:	
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Nationality:	
5. Date of Birth (dd/mm/Year):		6. Marital Status:	
7. Place of Birth:		8. Current Mailing Address:	
9. City:		10. Country:	
11. Present Position:		12. Name of Employer:	
		Contact Information at work:	
13. Contacts:			
a) Phone (Pakistan):	b) E-mail:	c) Website:	

II. Academic Background

14. Qualification: *Start from Recent Degree*

Degree Held	Year Awarded	Field of Study	Institution

15. Areas of Specialization:

III. Employment Record

<u>Institution / Organization</u>	<u>Position / Job Title</u>	<u>Job Responsibilities</u>	<u>Period</u>	
			From	To

16. Post PhD Experience:

IV. Details Concerning to Visit

17. Name of Collaborating Institutions

Pakistani Institution (s):

Foreign Institution:

18. Duration of stay:

19. Expected Start Date:

Month _____ Year _____

20. Purpose of Visit

i. Short visit (2-4 weeks)

ii. Academic Sabbatical (full semester/ 16 weeks)

V. Detailed Activity Plan with Daily Activities: *(with time frame(day wise activity) & outcomes*

21. Supporting statement from Applicant's Head of Institutions or Head of Department/Dean/Supervisor/Director:

Signature -----

Date-----

VI. For Host Institution

22. Facilities and local support:

Host Institution provide any of the following (Please tick appropriate box)

a. Accommodations

b. Local Transport

23. Benefits to be derived from the visit:

24. How this visit will benefit Pakistan:

25. Head of Host Institution

Signature -----

Date -----

VII. Significant Publications

26. Please provide your recent publications (last up to 5)

Title	Year	Name of Publishing Journal	Impact Factor
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27. Books Written:

28. Chapters in Books:	
29. No. of Patents:	
VIII. References	
30. Please provide two academic/professional references who are familiar with your work and HEC may contact if required:	
Reference-1	Reference-2
1. Name:	1. Name:
2. Position:	2. Position:
3. Address:	3. Address:
4. Phone:	4. Phone:
5. E-mail:	5. E-mail:
By signing below and submitting this Application Form, I----- agree that the information I have provided above is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information.	
Signature / Initial:	Date:

BOTH ELECTRONIC AND SURFACE MAIL SUBMISSIONS ARE ADMISSIBLE.