



The Aga Khan University
Institute for Educational Development
PhD Programme in Education

Photograph

All sections of this form must be completed.

Please refer to the Instructions while filling in this form.

1. PERSONAL INFORMATION :

(a) Name:

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(Last Name) (First Name) (Middle Name)

(b) (a-2) Gender: Male Female

(c) Date of Birth:

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Day Month Year

(d) Place of Birth:

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 (e) Nationality:

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(f) Marital Status: Single Married Other (specify): _____

(g) National Identification Card No. (Pakistani Applicants) / Passport No. (Foreign Applicants)

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(h) Contact Information:

Home Telephone #:

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Email Address:

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(i) Present Address:

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Permanent Home Address:

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*Please note that only the **Present Address** of the Applicant will be used for correspondence.*

(j) Have you ever studied at AKU? Yes No.

If yes, provide year:

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 Name of Degree/ Diploma:

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Last Name: _____ First Name: _____

2. ACADEMIC HISTORY:

Educational Institutions Attended (most recent first)	Area of Concentration (major)	Year of Attendance		Degrees/Diplomas/ Certificate Awarded
		To	From	

Please attach a copy of your degrees, certificates and diplomas as mentioned above

3. ENGLISH LANGUAGE QUALIFICATION:

English Language Test	Examination Body	Date Taken	Score

Please arrange for the results to be sent to the PhD Programme.

Academic and Professional Awards

Name of Award	Institution	Date Awarded

Publications and Professional Papers:

Title	Where Published and/or Presented	Date

Last Name: _____ First Name: _____

Interests and Extra-curricular Activities: (other than academic)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4. EMPLOYMENT HISTORY:

Please give a brief summary of your career development in descending chronological order, i.e. starting with you present employment.

Place of Employment (most recent first)	Job Title	From	To	Major Responsibilities

Year(s) of post master's work experience: _____

Please attach a copy of your curriculum vitae, including qualifications, academic and scholarly work done and a summary of professional work experience. The CV should not exceed seven pages.

6. ADDITIONAL PERSONAL INFORMATION:

Note: Information acquired in this section of the form will in no way influence your evaluation as a potential candidate and has been requested solely for planning purposes.

Do you have a disability, special need or medical condition which may require special arrangements?

Yes No

If yes, please let us know,

The nature of your disability or medical condition:

Any implications this may have for your studies,
daily living or accommodation:

The individual arrangements you may require:

Do you have a medical problem that needs regular attention: Yes No

Last Name: _____ First Name: _____

References

Please fill in contact details of the three individuals who will provide a reference for you about your academic ability and/or work experience.

Referee 1:

Name and Title: Organisation:

Address:

Position: Telephone #: Fax #:

Email:

Referee 2:

Name and Title: Organisation:

Address:

Position: Telephone #: Fax #:

Email:

Referee 3:

Name and Title: Organisation:

Address:

Position: Telephone #: Fax #:

Email:

Last Name: _____ First Name: _____

Declaration

Please ensure that you read the declaration below and sign and date the form.

I confirm that the information I have given is correct and that no material information has been omitted. I understand that the university reserves the right to withdraw any offer or cancel a registration made on the basis of information which proves to be false or misleading.

Signature:

Date: