



UNIVERSITY OF SARGODHA

EXTENSION IN CONTRACT FORM (NON-TEACHING)

1. Name :- _____
2. Father's Name:- _____
3. Designation:- _____ Pay Scale:- _____
4. Department/ Office/ College/ Sub-Campus :- _____
5. Qualification:- _____ Status:- _____
(Contract / Assignment / Daily Wages / Lump sum)
6. Other Particulars:-

Date of First Appointment in the University	Date of Last Appointment / Extension	Expiry Date of Present Contract

(Must attach copy of previous order / extension order)

7. Extension requested for a period of: _____

Signature of the Applicant: - _____

8. Attendance record during the Last Contract Period:- _____

9. Acceptance of responsibility & Behavior during the Last Contract Period:-

10. Overall performance during the Last Contract Period, (Excellent, V. Good, Good, Satisfactory, Below Average):-

11. Clear Recommendations of the Incharge/ Chairperson / Principal / Director:-

Signature & Stamp: - _____

12. Recommendations of the Dean of concerned faculty:- _____

Signature & Stamp: - _____