

## Visiting Faculty Member (VFM) <u>Contract Form</u>

Personal Information						
Full Name	Current Add	Current Address			VF Code	
Phone	CNIC	CNIC			Date of Birth	
Mobile	Email			Gender		
Academic and Professional Qualit	fication (List la	ast 2 with most recer	nt first)			
Degree Title	Area/Subje	ect	Year/Session			
University/Institute		<u>.</u>		Division/CGPA		
Degree Title	Area/Subje	Area/Subject		Year/Session		
University/Institute			Division/CGPA			
Professional Certifications and Re	elevant Traini	<b>ng</b> (List the most rece	nt first)			
Certification/Training		Institute			Year	
Work Experience		•			•	
Teaching Experience	Post MS/MPhil Experience		Professional Experience			
Employment Information (List last two with most recent first)						
1. Employer		Designation				
Starting Date (dd/mm/yy)		Ending Date (dd/mm/yy)				
Part-Time /Full-Time		City and Country				
2. Employer		Designation				
Starting Date (dd/mm/yy)		Ending Date (dd/mm/yy)				
Part-Time Full-Time		City and Country				
VFM (I declare that the information provided above is correct to my knowledge and I have not concealed any information)	Name		Signature with date			



Teaching Experience (List last four)							
Sr	Course Taught	Univ	versity/Institute				Year
1							
2							
3							
4							
Prev	vious Teaching Experience a	t UMT (List last three with	the most recent and	relevant first)			
Sr.	Course Taught	School/Institute Department			Year		
1							
2							
3							
Details of Course(s) Assigned (Please Mention Semester & Year)							
Seme	ester (YYYY):	SPRING	FALL	SUMMER			
Scho	ol/Institute:	Department: Course L			e:		
1. C	Course Title	Course Code	Credit Hours Section Minimum		num c	lass-size	
2. 0	Course Title	Course Code	Credit Hours	Section Minimum class-s		lass-size	
Addi	tional Course/s	Course Code Credit Hours Section		Section	Minimum class- size		Rector Approval
3.							
4.							YES/NO
provideo	declare that the information d above is correct to my knowledge ave not concealed any information)	Name	Signature with date				
Chaiı	rperson	Name	Signature with d	ate			
Dean	)/Director	Name	Signature with d	ate			



Remuneration to be Paid: (as per VF policy)	ОНСМ:
Terms and Conditions	

- 1. The minimum qualification of academic VFM shall be MS or equivalent (18 years) in the relevant field along with 3 years teaching experience unless the incumbent is graduated from QS 100 universities.
- 2. The minimum qualification of industrial VFM shall be 16 years qualification along with 10 years industrial experience unless the incumbent is graduated from QS 100 universities.
- 3. All VFM shall be a graduate from a university that is recognized by Higher Education Commission (HEC).
- 4. All VFMs are required to have relevant educational qualification and/or relevant work experience, with respect to the assigned subject course. This will be verified through the submission of relevant educational and work experience documents. Provision of these documents (Originals for verification by OHR) is the sole responsibility of VFM. Failure to do so will result in the remuneration being held.
- 5. The VFM will adhere to the timetable provided to him by the Chairperson/Dean/Director and will use the methodologies i.e. presentations, quizzes, handouts etc. to the best of his knowledge and resources.
- 6. Remuneration rate will be applied (as per VFM Policy) subject to deduction of tax as per law.
- 7. Payment of remuneration is subject to on-line and on-time submission of all results of all assessments, including Midterms, finals, assignments, quizzes, presentations, projects, etc.
- 8. The payment shall be made after completion of semester subject to satisfaction of Sr.6 and above.
- 9. The VFM is bound and liable to teach the whole semester i.e. complete the course(s) assigned to him to the satisfaction of the Chairperson of the department.
- 10.Any information mis-reported and/or concealed will result in the termination of this contract.

VFM (Read, Understood, Acknowledged, and agreed upon all the rates, terms and conditions mentioned in this documents)	Name	Signature with date
Manager –Talent Acquisition Faculty	Name	Signature with date
Manager -Compensation Benefits & Payroll	Name	Signature with date
Head OHCM	Name	Signature with date