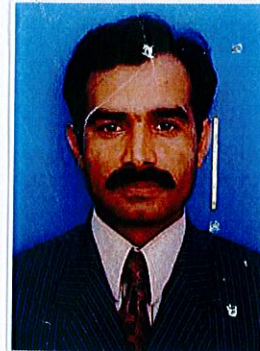




EMPLOYEE DATA FORM

(For office use only)

JOB TITLE Office SupervisorEmployee ID: BQB-01-03 Employment Status: ActiveJob Category: CAT-A

Instructions:

- i. Personal Information should be filled in Capital Letters.
- ii. No Information should left blank (in case if any information is not applicable, NA / Nil should be filled).

I. Personal Information

1. Name: <u>KABIR AHMAD</u>	
2. Father's Name: <u>NASEER AHMAD</u>	
3. CNIC: <u>35202-6628320-3</u>	4. PEC# (if applicable) <u>nil</u>
5. Nationality: <u>Pakistani</u>	6. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
7. Domicile Province: <u>Punjab</u>	8. Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried
9. D.O.B (dd/mm/Year): <u>20-04-1973</u>	10. Age: <u>41 years</u> 11. Blood Group: <u>A+</u>
12. Permanent Address: <u>Flat No. 200-C Block N Model Town</u> <u>LAHORE</u>	
13. Present Address: <u>do</u>	
14. Countries of work Experience: <u>Pakistan</u>	
15. Driving Licence: <u>Car / M. cycle</u> Expiry Date: <u>16-09-2017</u>	
16. Joining Date in BARQAAB: <u>21-11-2001</u> 17. Current Working Project: <u>Head Office</u>	

Signature

18 Personal Contacts:	
a) Phone No. (With Area Code): _____	c) Fax No. (If any): _____
b) Mobile No: <u>0301-4237600</u>	d) E-mail Address: _____

II. Academic Background:**1. Qualification (Starting from last degree you have)
(Degree, Diploma, Certificate, etc.)**

Degree/Diploma Held	Major	Institution	Duration	
			From	To

2. Professional Work Experience

Organization	Job Title	Duration	
		From	To

3. Total Years of Work Experience: _____

III. Skills / Expertise Against Professional Work Experience:

For Engineer, Area of Expertise/Skill can be i) Design Grid Station, ii) Contract Administration

For Computer Operator, Area of Expertise/Skill can be i) Typing speed, ii) Power Point Presentation

Area of Expertise	No. of Years	Level		
		Intermediate	Advance	Expert

IV. Awards / Achievements:

Jackson
Signature

V. Membership in Professional Societies:

VI. Family Detail:

Next to Kin: <u>IZHAR FATIMA</u>	Relation: <u>WIFE</u>
Address: <u>Flat No. 280-C Block N</u> <u>Model Town Lahore</u>	Contact #: _____

VII. Emergency Contact Detail:

Name: <u>NASEER AHMAD</u>	Relation: <u>Father</u>
Address: _____	Contact #: <u>0306-4041675</u>

VIII. Medical Ailment / History / Disability:

Do you have any disability? nil

IX. References:

Do you have blood relative(s) serving in BARQAAB: Yes ☐ No ☒ (If yes then mention following details)

1. Name: _____	1. Name: _____
2. Designation: _____	2. Designation: _____
3. Relationship: _____	3. Relationship: _____
4. Department: _____	4. Department: _____

X. Acknowledgement:

It is certified that I have attached copies of the following documents:

1. Educational Certificates	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	4. PEC (if applicable)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Experience Certificates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Photograph	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. CNIC & Domicile	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	6. Updated CV	Yes <input type="checkbox"/>	No <input type="checkbox"/>

XI. Declaration:

By signing below and submitting this Employee Data Form, I KABIR AHMAD
S/O, D/O NASEER AHMAD do hereby declare that the information provided above, is accurate to the best of my knowledge and I fully understand that my false statement or material omission of any fact shall render me liable to disciplinary and/or dismissal from service, at any state.

Signature of Employee: <u>Kabir</u>	Dated: <u>28-08-14</u>
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