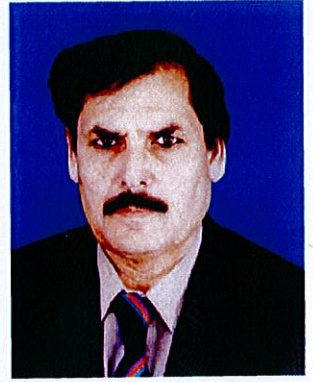




EMPLOYEE DATA FORM

JOB TITLE P.S. to Chief Executive BarqabEmployee ID: BAB-6-04 Employment Status: ActuiJob Category: ACTIVE-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: NAZIR AHMAD2. Father's Name: MUHAMMAD SIDDIQUE3. CNIC: 35404-1588110-1

4. PEC# (if applicable) _____

5. Nationality: PAKISTANI

6. Gender:

☒ Male☐ Female7. Domicile Province: Punjab

8. Marital Status:

☒ Married☐ Unmarried9. D.O.B (dd/mm/Year): 10-08-194610. Age: 68 Years11. Blood Group: A+12. Permanent Address: Nazir Street House No. B-IX-95-4E, Galina-2
Mohallah Roshanpura, Sheikhpura, Distt. Sheikhpura.13. Present Address: As above14. Countries of work Experience: Pakistan

15. Driving Licence: _____ Expiry Date: _____

16. Joining Date in BARQAAB: 1-11-2006 17. Current Working Project: Head Office

Signature

18 Personal Contacts:			
a) Phone No. (With Area Code):	056-3792301	c) Fax No. (If any):	—
b) Mobile No:	03444111318	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
B.A	—	Pashawar University	1983	
/	/	/	/	/

2. Professional Work Experience

Organization	Job Title	Duration	
		From	To
M/S TAMS Consultants	Stenographer	2-11-1967	28-2-1985
WAPDA, P&D DIVN.	P.A to GM (P&D)	1-3-1985	2-11-2003
WAPDA (P&D)	A.D (Admin)	3-11-2003	9-8-2006
Baqarabad	office Manager	1-11-2006	15-7-2013
	P.S.	16-7-2013	To-date

3. Total Years of Work Experience: 47 years

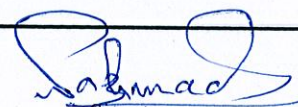
III. Skills / Expertise Against Professional Work Experience:

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:


Signature

V. Membership in Professional Societies:

VI. Family Detail:

Next to Kin: <u>Mrs. Nazir Ahmad</u>	Relation: <u>Wife</u>
Address: <u>As above</u>	Contact #: <u>056-3792301</u>

VII. Emergency Contact Detail:

Name: <u>Mrs. Mohsin Nazir</u>	Relation: <u>Son</u>
Address: <u>As above</u>	Contact #: <u>0331-6773525</u>

VIII. Medical Ailment / History / Disability:

Do you have any disability? _____

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 type="checkbox"/>	No <input type="checkbox"/>	4. PEC (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Experience Certificates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Photograph	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. CNIC & Domicile	Yes <input 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 NAZIR AHMAD
 S/O, D/O Muhammad Siddique 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>Nazir Ahmad</u>	Dated: <u>26-8-2014</u>
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