**ALIFCA**

**[www](http://www.alifca.ae)**[.alifca.ae](http://www.alifca.ae)

**PERSONAL DATA SHEET**

Last Name Given Name Middle Name

Date of Birth Place & Country of Birth

Age Sex Marital status

If married, pls specify the name of spouse

Religion & Caste Nationality

Permanent Native Address

*(home country)*

Present Address

*(In UAE)*

Telephone /Landline Number Mobile Number

Language/s Spoken Email Address

Father’s Name

Last Name Given Name Middle Name

Mother’s Name

Last Name Given Name Middle Name

Home Country Tel. No. *(to indicate the country code)*

Sponsor’s Name Sponsor’s Contact No.

Last Employer’s Name Contact Tel. No.

Last Employer’s Address

I hereby declare that the above particulars are true and correct to the best of my

knowledge and belief and, in the event of any information being found false or incorrect, my candidature will be liable to be cancelled and I will be responsible, in accordance with the laws of the UAE.

Place:

Date:

Signature of candidate

Qualification :

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| **Sl.**  **No.** | **Exam Passed** | **University/ Board** | **Year**  **passed** | **Class** | **Percentage** |
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Experience :

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| **Sl.**  **No.** | **Organization** | **Designation** | **Job responsibilities** | **Period** |
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**Declaration**

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knowledge and belief and, in the event of any information being found false or incorrect, my candidature will be liable to be cancelled and I will be responsible, in accordance with the laws of the UAE.

Place:

Date:

Signature of candidate

Name of Immediate Superior : Position:

A

Educational Qulifications:

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| **Sl.**  **No.** | **Exam Passed** | **University/ Board** | **Year**  **passed** | **Class** | **Percentage** |
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Work Experience :

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| **Sl.**  **No.** | **Organization** | **Designation** | **Job responsibilities** | **Period** |
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**Declaration**

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knowledge and belief and, in the event of any information being found false or incorrect, my candidature will be liable to be cancelled and I will be responsible, in accordance with the laws of the UAE.

Place:

Date:

Signature of candidate

Name of Immediate Superior : Position:

A

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| --- | --- | --- |
| Person to be contacted in case of emergency:  Relationship to Employee Tel./Mobile No.  Address in UAE  Address in UAE  **Declaration**  I hereby declare that the above particulars are true and correct to the best of my knowledge and belief. In the event that any information as provided hereto were found to be “false” or incorrect, my candidature will be liable to be cancelled and I will be responsible in accordance provided for with laws of UAE.  Signature of Employee  Place:  Date:  ***For Office Use Only***  POSITION Department  Confirmed by: Date:  Remarks: FVP ( ) ALIFCA DMCC ( ) ALIFCO LLC ( ) GULF A LABEL ( ) AGENCY | |  |
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