

EMPLOYMENT APPLICATION FORM

ANEXURE 2

2) IMMEDIATE FAMILY DATA (Parents, Brothers, Sister, Wife & Children)

Sr. #	Name	Relationship	Age	Occupation	Place Of Work
1	M KALF	SON	18	Student	
2	M SAFULLAH	SON	16	Student	
3	FATIMA	DAUGHTER	11	Student	

3) EDUCATION (Academic) (Starting with last Certificate/Degree)

Degree/ Certificate Awarded	Division/ Grade	Period		Board/Institution/University
		From	To	
METRIC Arts	D			
INTRE Arts	D			
BA Arts	C			

4) PROFESSIONAL QUALIFICATION & MEMBER SHIP OF PROFESSIONAL BODIES

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5) EMPLOYMENT HISTORY (Starting with last employer/job/appointment)

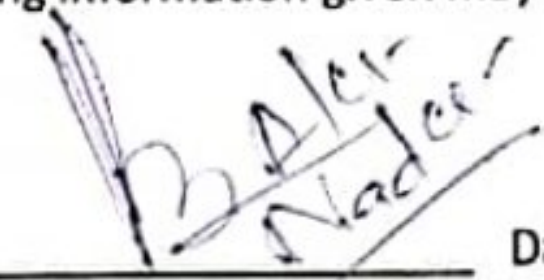
Organization Name & Phone No	Position/ Designation	Monthly Salary	Period		Reason (s) of Leaving
			From	To	
OPAL LAB	SPO-SUK	16000			
WIMITS PHARMA	Asm	50000			
AKSON PHARMA	A-DM	40000			
DAVIS PHARMA	RSNI	80000			

6) DO YOU HAVE ANY RELATIVE/FRIEND WORKING FOR US.? (If YES give detail below :-) ☐ YES ☒ NO

Name: _____ Position: _____	
Department _____	
Name: _____ Position: _____	
Department _____	
Have You Given Notice To Your Current Employer? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	How Soon Can You Join Our Company? TODAY W-E-F 04-05-2023

SPECIAL NOTE: You are initially hired on temporary basis for a _____ months probationary period after said period your performance will be reviewed and assessed. In case of satisfactory performance you may be hired on regular basis.

ACKNOWLEDGMENT: I certify that information given herein are true and complete to the best of my knowledge. I authorize you to make such investigation and inquires of my personal, employment history & other related matters as may be necessary in arriving at an employment decision. In the event of employment, I also understand that any false, misleading information given may result in termination of my services or legal action.


Date: _____
(Applicant's Signature)

Verified By _____ Manager Human Resource

NB: If Education, Experience and Training can not be accommodated on this sheet separate sheet may be used.

(STRICTLY CONFIDENTIAL)

NOTE: Please Complete In Block Letters

FOR OFFICE USE ONLY

Record/Card No:	Appointment Date:
Designation:	Section:
Department:	Probation Salary:
After Probation Salary:	Confirmation Date:
EOBI Card No:	S S Card /MGI No:
Approved By:	Date of Leaving:



JOB APPLIED FOR:

1) PERSONAL DATA

NAME: M. NADIM RAJPUT
FATHER'S NAME: M. SABIR RAJPUT
ADDRESS (Present): H # C-105/225 Muhallah Talukar Quarters Near Chand Masjid Sukkur

ADDRESS (Permanent): H # B-1303 Muhallah Chintu Goli Dhak Road Sukkur

DAY TIME TEL NO: 0332 3308520 RES. TEL NO: — X —

DATE OF BIRTH: 02/01/1978 NATIONALITY: PAKISTANI

CNIC NO: 45504-6418449-5 BLOOD GROUP: +O

GENDER: ☒ Male ☐ Female RELIGION: ISLAM MARITAL STATUS: ☐ Single ☒ Married

IN CASE OF EMERGENCY PLEASE NOTIFY, NAME: M JAVED

RELATIONSHIP: BROTHER TEL: 0310 3593440

ADDRESS: MIR MASOOM SHAH AREA SUKKUR

ACCOMMODATION: Living With Parents (Owned/Rented) ☒ Independent (Owned/Rented) ☐
With Relatives ☐

TRANSPORT: NO / YES (☐ Car ☒ Motor Cycle ☐ Cycle)

DRIVING LICENSE: YES ☐ NO ☒ REGISTRATION #:

LANGUAGES: English ☐ Urdu ☒ Any Other (Specify):

Any Conviction by Court, ☒ No If yes please give details: