

## **JOINING DUTY FORM FOR STAFF**

Doc No : F 119 Rev No : 01 Date : 17.10.16

Employee Name	test		
Employee Number			
Designation	111 DES OIL AND GAS	Un comment Please attach your recent	
Division	AL DIV ONE		
Local Contact No			photograph here
Recruited Through	Consultancy		
Date Of Birth			
Date Of Landing (Sponsored Staff)			
Date Of Joining			
Passport Number			
Passport Validity			
Sponsored / Local Staff	Sponsored		
Resident Permit Number (Local Staff Only)		Validity	
Present Sponsor (Local Staff Only)			
Location Of Stay			
Telephone ( Country Of origin)	9847909090		
Email ID	aa@aa.mm		
Father's Name	AA		
Father's Occupation	aaa		
Permanent Residential Address	AAA BBB CCC		
In case of Emergency, Contact	PP III UUU		
Nationality	ETHIOPIA		
Blood Group:	Marital Status :		
Spouse Name		Occupation	
No of Children : 0			



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Have you suffered from any major ill	ness? YES / NO If Yes, p	olease give de	etails :		
Have you applied for an employmen	t with AL-BALAGH OIL &	GAS earlier?	? YES/NO if y	yes, please give details	:
Are you related to any past / present	t employee / director of th	is Company?	YES/NO:		
EDUCATIONAL QUALIFICATION					
Qualification	Institution Name & Place	Year & Month of passing	Degree /Diploma Receive d	Specialization	Percenta ge
State Board					
WORK EXPERIENCE					
Total Work Experience in Years:			GCC Experience:		
Name & Address of Last Employer	SSSS, SSSS				
Date of Joining	11-04-2019	Date Of Leaving			
Designation	SS	Take Home Salary			
2. Name & Address of Last Employer	SSSS, SSSS				
Date of Joining	11-04-2019	Date Of Leaving			
Designation	ss	Take Home Salary			
3. Name & Address of Last Employer	SSSS, SSSS				
Date of Joining	11-04-2019	Date Of Leaving			
Designation	ss	Take Home Salary			
VISA					
Visa Type		Visa No.	risa No. Valid Up to		
1. References : (Two references oth	er than relatives)				



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A. Name Address, Occupation & Phone Number :	B. Name Address, Occ	supation & Phone Number :			
Do you have any objections to our securing report from your present and previous employers: (if required)					
Declaration					
I declare that the information and facts stated herein above are true and correct to the best of my knowledge and belief.					
I also understand that any misrepresentation of facts in this application is sufficient for dismissal, if ever found.					
Place					
Date:	Signature:				
FOR OFFICE USE ONLY					
JOB NO./DIVISION	ATE OF JOINING				
Copy To:					
Division Head GE	NERAL MANAGER				

Following original certificates verified and returned: