

Application Form

For the post of _____

(For Employee's Selection from Open Market)

1. Personal Information

1.1	Name	
1.2	Father's Name	
1.3	Date of Birth	
1.4	Gender	
1.5	Marital Status	
1.6	CNIC Number	
1.7	Postal Address	
1.8	Permanent Address	
1.9	Phone Number	
1.10	Fax Number	
1.11	Cell Number	
1.12	E mail ID	

2. Academic Qualification(Start with last degree)

2.1	Degree Title		
	Subject		
	Name of Institution		
	Year of Passing		

2.2	Degree Title		
	Level		
	Name of Institute		
	Address		
	Period	From	To
Majors			

2.3	Degree Title		
	Level		
	Name of Institute		
	Address		
	Period	From	To
Majors			

3. Professional Education

3.1	Title		
	Level (diploma/certificate)		
	Name of Institution		
	Year of Passing		
3.2	Title		
	Level (diploma/certificate)		
	Name of Institute		
	Address		
	Period	From	To
	Description		

4. Training Programs Attended

#	Title	Organization	Duration	
4.1				
4.2				
4.3				
4.4				
4.5				
4.6				
4.7				

5. Professional Skills

#	Name of Skill	Excellent	Good	Fair
5.1				
5.2				
5.3				
5.4				
5.5				

6. Language Proficiency

#	Name of Language	Read	Write	Speak	Understand
6.1					
6.2					
6.3					
6.4					
6.5					

7. Computer Proficiency

#	Computer Program	Excellent	Good	Fair
7.1				
7.2				
7.3				
7.4				
7.5				
7.6				
7.7				

8. Experience (start from last employment) all fields are required to be filled

8.1	Name of Organization		
	Type of Organization		
	Location		
	Designation		
	Duration	From/ To	Years of Experience
	Description		

8.2	Name of Organization		
	Type of Organization		
	Employer contact		
	Designation		
	Location		
	Tenure	From/ To	Years of Experience
	Description		

9. Programs Completed

9.1	Name of Organization		
	Title of program		
	Role		
	Location		
	Tenure	From/ To	Years of Experience
	Description		

9.2	Name of Organization		
	Title of program		
	Role		
	Location		
	Tenure	From/ To	Years of Experience
	Description		

10. References

10.1	Name	
	Designation	
	Organization	
	Contact Number	
	Fax Number	
	Cell Number	
	E mail	

10.2	Name	
	Designation	
	Organization	
	Contact Number	
	Fax Number	
	Cell Number	
	E mail	

11. I, the undersigned, certify that to the best of my knowledge and belief, this bio-data correctly describes me, my qualifications, and my experience. I understand that any willful misstatement described herein may lead to my disqualification or dismissal, if engaged.

Signature

Date: