



**Overseas Pakistanis Foundation**  
**Job Application Form for the post of Chief Financial Officer**

**Paste Passport  
Size Photo with  
Blue  
Background**

**Instructions:**

- i. Personal Information should be in Capital Letters.
- ii. Properly filled / complete forms will only be considered.
- iii. No Column will be left blank (In case of non applicability NA / Nil should be filled).

**PERSONAL INFORMATION**

1. Name: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. CNIC No.

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4. Religion: \_\_\_\_\_ 5. Sect: \_\_\_\_\_

6. Nationality: \_\_\_\_\_ 7. Gender:  Male  Female

**7. Domicile:**

(Please tick the correct option)

Islamabad	Punjab	Sindh (Urban)	Sindh (Rural)	Khyber Pakhtunkhwa	Baluchistan	FATA/Gilgit Baltistan	A.J.K
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8. Domicile District: \_\_\_\_\_

9. Date of Birth (as per Matric Certificate):

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10. Total Age as on 13<sup>th</sup> August, 2020:

\_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

11. Marital Status:  Married  Unmarried

12. Present Address / Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. Personal Contacts:**

a) Phone No. (With Area Code): \_\_\_\_\_ b) Mobile No: \_\_\_\_\_

d) E-mail Address: \_\_\_\_\_

**ACADEMIC BACKGROUND****Qualification (Starting from the latest Qualifications)**

Degree Held	Field of Study	Institution	Duration		Division/ CGPA
			From	To	

**PROVIDE DETAILS OF PROFESSIONAL TRAINING , CERTIFICATIONS ETC.  
(Attach Extra Pages if required)**

Course/Diploma/Certification	Field of Study	Institution	Duration	
			From	To

**AWARDS / ACHIEVEMENTS (if any)**


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**EMPLOYMENT HISTORY (Starting from present position)**

**Total post qualification working experience till last date of submission of applications i.e. 13.08.2020**  
 \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

Organization	Position	Exact Period		Provide one professional reference detail i.e. (Name, designation, contact numbers & email) (if available)
		From	To	

**MEDICAL AILMENT / HISTORY / DISABILITY**

a) Do you have any infection / disease such as AIDS, HIV, Hepatitis, TB?

\_\_\_\_\_

b) Do you have any disability?

\_\_\_\_\_

**DISCIPLINE**

Have you ever been terminated from Government service?

Yes  No

Have you ever been punished by the Court of Law?

Yes  No

Give details. \_\_\_\_\_  
 \_\_\_\_\_

**UNDERTAKING / DECLARATION**

By signing below and submitting this Application Form, I ----- S/O, D/O -----do hereby declare that:

- I have carefully read the form and personally filled it and I understood all the contents / columns that I have filled up
- The information provided above, is accurate to the best of my knowledge.
- Concealing of facts and any direct or indirect pressure for appointment would lead to my disqualification.
- In case of any information contained herein is found at any stage to be missing, untrue, false or forged, my candidature can be canceled at any stage (even after employment, if so revealed later), and I shall be liable to legal action.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_