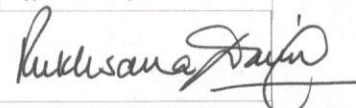


KINNAIRD COLLEGE FOR WOMEN
JOB APPLICATION FORM
JUNIOR STAFF

Approved on: September 1, 2014



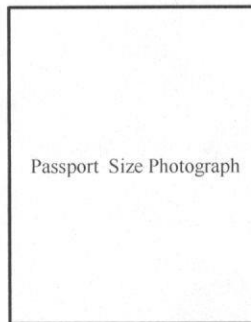
Dr. Rukhsana David
Principal

APPLICATION FOR THE POSITION OF: _____

ADVERTISED IN/ON: Newspaper Website Notice Board

INSTRUCTIONS FOR APPLICANTS:

- i) Write down in Capital Letters only.
- ii) Duly Completed and Signed Forms will be eligible for further processing.
- iii) If any information is not applicable , write down Not Applicable (NA).
- iv) Cutting and Over writing is not allowed.
- v) Use Black or Blue ink only.



PERSONAL INFORMATION

Name of the Applicant (as per CNIC):

_____ *First* _____ *Middle* _____ *Last*

Father's/ Husband's Name (as per CNIC):

_____ *First* _____ *Middle* _____ *Last*

CNIC Number : _____ Validity till : _____

Date of Birth: _____ Gender : Male Female

Marital Status : Single Married Divorced
 Separated Widowed

If married, Number of Children : _____

Permanent Residential Address: _____

City : _____ State/Province : _____ Country: _____

Residential No. / Cell No. _____ E-mail ID (Optional) : _____

Rukhsana Faiz

ACADEMIC BACKGROUND

Qualification (Starting from most recent degree/ certificate)

Degree/ Certificate	Institution	Division/ Grade

Certification/Diplomas other than Academic : _____

Are you Computer Literate?

YES

NO

if YES please specify:

MS Word

MS Excel

MS Power Point

Any Other: _____

Do you have a valid Driving License?

YES

NO

NA

EMPLOYMENT HISTORY

Total work experience: _____ Years _____ Months

Last Organization: _____ Designation: _____

Last Drawn Salary : _____ Reason for Leaving: _____

FAMILY DETAILS

Blood Relative(s) / Close Relative(s) **currently** employed at Kinnaird College for Women (kindly mark):

YES

NO

if YES please mention their names and designations: _____

Blood Relative(s) / Close Relative(s) **previously** employed at Kinnaird College for Women (kindly mark):

YES

NO

if YES please mention their names and designations: _____

Lubhana Singh

MEDICAL HISTORY

Are you suffering from any infectious disease: YES NO if YES please specify:
Hepatitis Tuberculosis AIDS HIV
or Any Other : _____
Do you have any disability? YES NO if YES please specify: _____

CONDUCT & DISCIPLINE

Have you ever been terminated from any service? YES NO
Have you ever been punished by the court of Law? YES NO
Have you ever been a Drug Addict? YES NO

REFERENCES

Please provide details of any two references:

REFERENCE I	REFERENCE II
Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Address: _____	Address: _____
E- mail: _____	E- mail : _____

I have attached copies of following documents:

Degrees:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Transcripts:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Diploma(s):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Experience Certificate(s):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Valid CNIC:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Driving License:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA

DECLARATION / UNDERTAKING

I _____ S/O, D/O _____
hereby certify that the information provided is true to the best of my knowledge and if found otherwise, College Management reserves all the rights to take legal actions leading to termination.

Applicant Signature _____

Date : _____