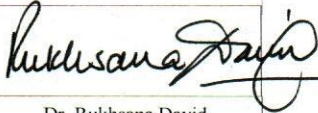


KINNAIRD COLLEGE FOR WOMEN
JOB APPLICATION FORM
JUNIOR STAFF

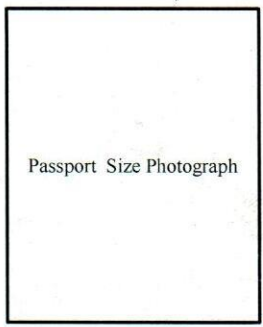
Approved on: September 1, 2014

 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):			
<i>First</i>		<i>Middle</i>	
<i>Last</i>			
Father's/ Husband's Name (as per CNIC):			
<i>First</i>		<i>Middle</i>	
<i>Last</i>			
CNIC Number :	_____		Validity till : _____
Date of Birth:	_____	Gender : Male	<input type="checkbox"/> Female <input type="checkbox"/>
Marital Status :	Single	<input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/>
	Separated	<input type="checkbox"/>	Widowed <input type="checkbox"/>
If married, Number of Children : _____			
Permanent Residential Address: _____			
City :	_____	State/Province :	_____ Country: _____
Residential No. / Cell No.	_____	E-mail ID (Optional) :	_____

Kulshra Singh

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: _____

Lukhsana Faruq

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: YES NO NA

Transcripts: YES NO NA

Diploma(s): YES NO NA

Experience Certificate(s): YES NO NA

Valid CNIC: YES NO NA

Driving License: YES NO 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 : _____