

DATE: 03/ Aug / 2022

POSITION: Billing Executive



(Pvt.) Ltd.

Muhammad Shauqat Khan

Full Name (As per CNIC)

EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS OF THE APPLICANT

FULL NAME(As per CNIC)	Muhammad Shayan Khan														
FATHER'S NAME	Muhammad Abrar Khan														
CURRENT HOME ADDRESS	R-3 ST-3 Sector 16-A Bufferzone														
MARITAL STATUS	SINGLE <input checked="" type="checkbox"/>			MARRIED			OTHER								
PERSONAL MOBILE	0321-2023418														
RESIDENCE NUMBER	-														
EMERGENCY CONTACT	0320-8271592			NAME & RELATION			Ebad-ur-Rehman Khan								
D.O.B (DD/MM/YYYY)	24-03-1998														
RELIGION	HINDU		MUSLIM <input checked="" type="checkbox"/>		CHRISTIAN		OTHER:								
CNIC NO.	4	2	1	0	1	-	0	7	1	2	1	3	8	-	9
CNIC VALIDITY(DD/MM/YYYY)	30-04-2032														
EMAIL ID	khanshayan12e-@gmail.com														
COVID VACCINATION STATUS	FIRST DOSE		YES <input checked="" type="checkbox"/>		NO		SECOND DOSE		YES <input checked="" type="checkbox"/>		NO				

EDUCATIONAL QUALIFICATION

LAST DEGREE	B. Com
PASSING DATE	May - 2020
GRADE/CGPA/%	2.2
UNIVERSITY / INSTITUTE	KASBIT INSTITUTE

EMPLOYMENT HISTORY

LAST EMPLOYER		
DESIGNATION	Claims - Billing Executive	
DURATION	FROM: 04-Jun-2021	TO: 15-07-2022
LAST SALARY	29000	
REASON FOR LEAVING	RPI Deduction	

Position applied for: Billing Executive

Salary Desired: 50,000 Last Salary Withdrawn: 45000

Have you ever been convicted of any offence? / Do you have any past criminal record?

YES ☐ NO ☒

Any medical ailment which could constraint your performance: _____

Do you have any relative/friend currently working for Appedology Pvt. Ltd? If yes, state name & position:

Asad Farooq (Billing Executive)

Preferred date of joining: _____

Desired shift timing:

<input checked="" type="checkbox"/> Morning	<input type="checkbox"/> Night
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DETAILS OF PREVIOUS EMPLOYER (if any)

Name of contact person: M. Aliyan Khan

Designation: Billing Executive

Company Name: Claims - med

Contact Number: _____

Email ID: _____

I certify that information contained in this application is true and complete & I acknowledge that any misleading would cease the hiring process or may result in immediate termination of employment at any point, if I am hired. I authorize the verification of any or all information listed above.

Date: 03/Aug/2022

Signature of Applicant: 

Candidate Evaluation Form

English Proficiency & Comprehension Test Score	
Typing Test (WPM)	

1 st Interviewer Name			
Designation and Department		HR	
Detailed Remarks			
Recommendation	YES		No

2 nd Interviewer Name			
Designation and Department			
Detailed Remarks			
Recommendation	YES		No

Salary Recommended	
Date of Joining	

Overall Impression and Recommendation

Comments: _____
