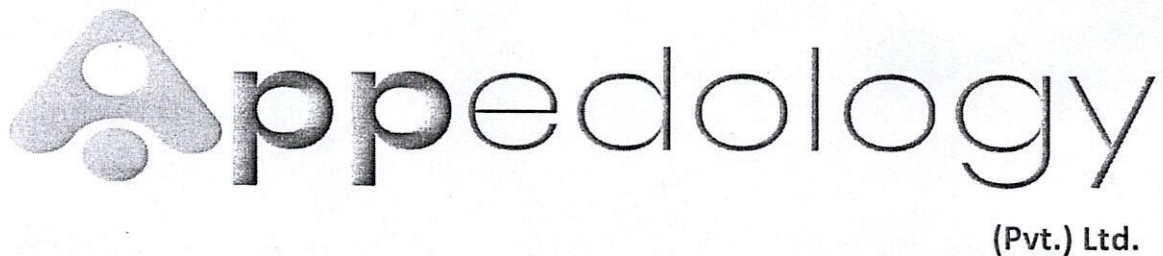


DATE: 02/08/22

POSITION: Naps / vacant

Yes.



SHABEEH UL HODA

Full Name (As per CNIC)

EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS OF THE APPLICANT

FULL NAME(As per CNIC)	SHABEEH UL HUDA					
FATHER'S NAME	ABUL FAZAL KHUSRU					
CURRENT HOME ADDRESS	15/7 Street 15 Modelo colony Malis Karachi near -					
MARITAL STATUS	SINGLE <input checked="" type="checkbox"/>		MARRIED		OTHER	
PERSONAL MOBILE	0331 0248649					
RESIDENCE NUMBER	-					
EMERGENCY CONTACT	03152941652			NAME & RELATION Azaan (Brother)		
D.O.B (DD/MM/YYYY)	11/11/1997					
RELIGION	HINDU		MUSLIM <input checked="" type="checkbox"/>		CHRISTIAN OTHER:	
CNIC NO.	4 2 2 0 1 - 8 5 0 6 1 9 1 - 9					
CNIC VALIDITY(DD/MM/YYYY)	11/07/2026					
EMAIL ID	Shabeehulhuda@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	Intermediate
PASSING DATE	2017
GRADE/CGPA/%	-
UNIVERSITY / INSTITUTE	NCR-CET college

EMPLOYMENT HISTORY

LAST EMPLOYER	Operations Manager Digisoft Studios	
DESIGNATION	Operations Manager	
DURATION	FROM: Jan 2022	TO: May 2022
LAST SALARY	100k	
REASON FOR LEAVING	Instability	

Position applied for: _____

Salary Desired: 50-60k Last Salary Withdrawn: 100k

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: No

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

No

Preferred date of joining: Asap

Desired shift timing:

Morning	Night
---------	-------

DETAILS OF PREVIOUS EMPLOYER (if any)

Name of contact person: FAHAD SHAHNAWAZ

Designation: Co-founder

Company Name: Digi'soft studio

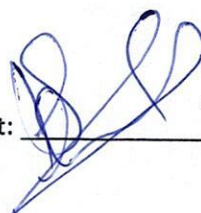
Contact Number: 0321 8918483

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: 02/08/2022

Signature of Applicant: _____



Candidate Evaluation Form

English Proficiency & Comprehension Test Score	4/6
Typing Test (WPM)	40

1 st Interviewer Name	Omar Zafar Ansari		
Designation and Department	IA - Admin.	HR	
Detailed Remarks			
Recommendation	YES	<input checked="" type="checkbox"/>	No

2 nd Interviewer Name			
Designation and Department			
Detailed Remarks			
Recommendation	YES	<input type="checkbox"/>	No

Salary Recommended	
Date of Joining	

Overall Impression and Recommendation

Comments: SDH + PED
