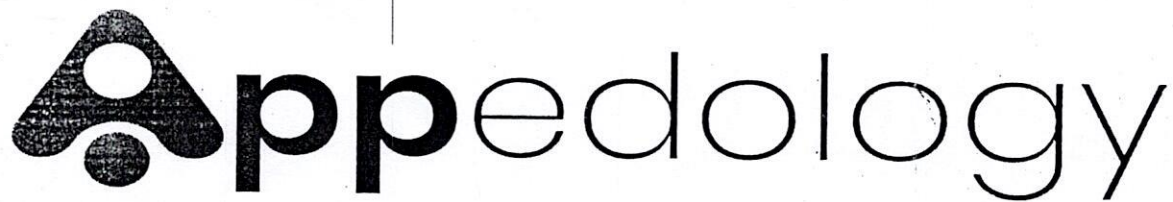


DATE: 12/Aug/2022

POSITION: Verifier



(Pvt.) Ltd.

Mamoon Ahmed Rashdi

Full Name (As per CNIC)

EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS OF THE APPLICANT

FULL NAME(As per CNIC)	Mansoor Ahmed Rashdi														
FATHER'S NAME	Jamil Ahmed Rashdi														
CURRENT HOME ADDRESS	R-550 Sherifabad block-1 / F.B. Area Kanachi Sindh Govt. Hospital.														
MARITAL STATUS	SINGLE <input checked="" type="checkbox"/>			MARRIED			OTHER								
PERSONAL MOBILE	0304-8706089														
RESIDENCE NUMBER	0323-2550463														
EMERGENCY NUMBER	0334-2274572														
D.O.B (DD/MM/YYYY)	4/March/1998														
RELIGION	HINDU		MUSLIM <input checked="" type="checkbox"/>		CHRISTIAN		OTHER:								
CNIC NO.	4	2	1	0	1	-	3	0	7	0	2	8	3	-	1
CNIC VALIDITY(DD/MM/YYYY)	30/03/2027														
EMAIL ID	mansoor.jamil93@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	D.A.E
PASSING DATE	2019
GRADE/CGPA/%	B
UNIVERSITY / INSTITUTE	Aligarh Institute of Technology

EMPLOYMENT HISTORY

LAST EMPLOYER	AVA Solution	
DESIGNATION	Phone Verification Executive	
DURATION	FROM: 21-Aug-2019	TO: 31-March-2022
LAST SALARY	30,000	
REASON FOR LEAVING	Due to slowdown of project	

Position applied for: Verification

Salary Desired: 45,000 Last Salary Withdrawn: 37,000

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:

Hamza Idrees, Agent in Billing Dept.

Preferred date of joining: 15/ Aug

Desired shift timing:

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

Name of contact person: Ali Imran

Designation: Agent

Company Name: AVA Solution

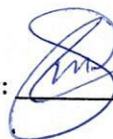
Contact Number: ~~0304-270~~ 0347-4089038

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: 12/ Aug / 2022

Signature of Applicant: _____



Candidate Evaluation Form

English Proficiency & Comprehension Test Score	
Typing Test (WPM)	

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

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

Overall Impression and Recommendation

Comments: 40K
