

DATE: 5th January 2024

POSITION: Medical Transcriptionist



(Pvt.) Ltd.

Joining in Neigher ↔ 15 January 2024.

Obaid Jauaid.

Full Name (As per CNIC)

EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS OF THE APPLICANT

FULL NAME(As per CNIC)	<u>Obaid Javaid</u>														
FATHER'S NAME	<u>Mirza Farhat Javaid</u>														
CURRENT HOME ADDRESS	<u>R-54 Block 17 Federal B Area, Gulberg, Karachi.</u>														
MARITAL STATUS	MARRIED														
PERSONAL MOBILE	<u>0345-3343334</u>														
RESIDENCE NUMBER															
EMERGENCY CONTACT	<u>0345-8848787</u>						NAME & RELATION		<u>Zohaib Javaid</u> (Brother)						
D.O.B (DD/MM/YYYY)	<u>08/05/1983</u>														
RELIGION	MUSLIM														
CNIC NO.	4	2	2	0	1	-	3	6	8	1	6	6	9	-	9
CNIC VALIDITY(DD/MM/YYYY)	<u>18/11/2028</u>														
EMAIL ID	<u>Obaidjavaid83@gmail.com</u>														
COVID VACCINATION STATUS	FIRST DOSE			YES		SECOND DOSE			YES						

EDUCATIONAL QUALIFICATION

LAST DEGREE	<u>Bachelor of Commerce</u>
PASSING DATE	<u>2004</u>
GRADE/CGPA/%	<u>2nd Division</u>
UNIVERSITY / INSTITUTE	<u>University of Karachi</u>

EMPLOYMENT HISTORY

LAST EMPLOYER		
DESIGNATION		
DURATION	FROM:	TO:
LAST SALARY		

REASON FOR LEAVING

Position applied for: _____

Salary Desired: _____ Last Salary Withdrawn: _____

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:

Preferred date of joining: _____

Desired shift timing:

Morning

Night

DETAILS OF PREVIOUS EMPLOYER

Company Name: _____

HR Email: _____

HR Contact Number: _____

Linkedin Profile: _____

Address: _____

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.

Acknowledgement Section

In case any information provided by the candidate is turned out to be fake, before or at the time of joining or even during the probation period, the company reserved the right to terminate services or change the Job Role or Package

Date: _____

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: _____
