

DATE: 07-06-2021

POSITION: Operation Supporting

—Shelld

Appedology

Pvt. Ltd.

Syeda Anum Subzwari

**EMPLOYMENT APPLICATION FORM
(ALL DEPARTMENTS)**

Hindi

25K Basic + 5K Attendance allowance

DoS- 8k June

12 month contracts

PERSONAL DETAILS OF THE APPLICANT

NAME(as per CNIC)	SYEDA ANUM SUBZWARI		
FATHER'S NAME	SYED TAUQEER AHMED SUBZWARI		
ADDRESS	RUF1 SPRING FIELD SOCIETY NEAR A.BU-UL-HASAN IETHANZ ROAD		
MARITAL STATUS	SINGLE <input checked="" type="checkbox"/>	MARRIED	OTHER
RESIDENCE NUMBER	021-34646804		
PERSONAL MOBILE	03462432916 / 0335-3214005		
EMERGENCY NUMBER			
D.O.B (DD/MM/YYYY)	26-03-1988		
RELIGION	HINDU	MUSLIM <input checked="" type="checkbox"/>	CHRISTIAN
	OTHER:		

EDUCATIONAL QUALIFICATIONS

LAST DEGREE	MASTER IN SPECIAL EDUCATION (From KU)		
PASSING DATE	2013		
GRADE/CGPA/%	69%		
INSTITUTE	KARACHI UNIVERSITY		

EMPLOYMENT HISTORY

LAST EMPLOYER	BINAE INSTITUTE (For Blind Person)		
DESIGNATION	ADMINISTRATOR		
DURATION	FROM: 2019	TO: Present	
LAST SALARY	25,000/-		
REASON FOR LEAVING	TIMING LEAVE		

CNIC NUMBER:

4 2 2 0 1 - 5 8 6 1 3 4 8 - 0

EMAIL ID	newstar236@gmail.com
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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Salary Desired: _____ Last Salary Withdrawn: _____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 (if any)

Name of contact person: _____

Designation: _____

Company Name: _____

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: 01-06-2021

Signature of Applicant: _____

