

DATE: 07-06-2021

POSITION: operation Supporting

Sheet 4

appedology

Pvt. Ltd.

Syeda Anum Subzwari

**EMPLOYMENT APPLICATION FORM
(ALL DEPARTMENTS)**

Hind

25K Basic + 5K Attendance allowance

DOJ- 8th June

12 months contracts

PERSONAL DETAILS OF THE APPLICANT

NAME(as per CNIC)	SYEDA ANUM SUBZWARI		
FATHER'S NAME	SYED TAJOBEER AHMED SUBZWARI		
ADDRESS	RUE 1 SPRING FIELD SOCIETY NEAR ABU-UL-HASAN IRPHANI 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 PERSONS)	
DESIGNATION	ADMINISTRATOR	
DURATION	FROM: 2019	TO: PRESENT
LAST SALARY	25,000/-	
REASON FOR LEAVING	TIMING ISSUE	

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Salary Desired: _____ Last Salary Withdrawn: _____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: _____

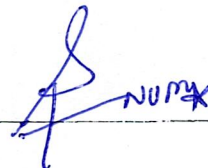
Contact Number: _____

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: _____

 NURMA