KINNAIRD COLLEGE FOR WOMEN

JOB APPLICATION FORM

Teaching Position ☐ **Non-Teaching Position** ☐

Position Applying: _____

Department/Office of: _____

Advertised In/On: **Newspaper** ☐ **Website** ☐

INSTRUCTIONS FOR APPLICANTS:

i) Write down in Capital Letters only.
ii) Duly Completed and Signed Forms will be eligible for further processing.
iii) If any information is not applicable , write down Not Applicable (NA).
iv) Cutting and Over writing is not allowed.
v) Use Black or Blue ink only.

Passport size photograph

PERSONAL INFORMATION

Name (as per CNIC): _____
First *Middle* *Last*

CNIC Number : _____ **Validity till :** _____

NTN Number : _____

Father's/ Husband's Name (as per CNIC): _____
First *Middle* *Last*

Date of Birth (D.O.B as per Matric Certificate): _____
In case of non matric, D.O.B as per CNIC ***DD*** ***MM*** ***YYYY***

Gender: **Male** ☐ **Female** ☐

Marital Status : **Single** ☐ **Married** ☐ **Divorced** ☐

Separated ☐ **Widowed** ☐

If married, Number of Children : _____

Religion: _____ **Blood Group:** _____

Residential Address: _____

_____

(In case same as above please mention 'same as above'): _____

_____

City: _____ **Country:** _____ **Nationality :** _____

E-mail ID: _____ **Domicile :** _____

Residential Landline No. : _____ **Mobile No.:** _____

Are you Computer Literate? Yes No if YES please specify:

MS Word MS Excel MS Power Point Any Other: _____

Do you have a valid Driving License? Yes No NA

ACADEMIC BACKGROUND

Qualification (Starting from most recent degree/ certificate)

Degree/ Certificate (also mention Specialization if any)	Session	Institution	Division/ Grade/ CGPA	Years of Education

Enrolled in Higher Studies: Yes No NA

If yes, please specify degree name, session, specialization and institute (attach evidence): _____

EMPLOYMENT HISTORY

Employment History (Starting from most recent experience, attach additional sheet if required)

Only mention experience if experience letters are avaliable

Organization Name	Designation	Total work duration (in Years & Months)	Reason for Leaving and Last Drawn Salary (Rs).	Contact Information (Official Email and Phone Number of Current Employer

Diploma(s): Yes No NA

If yes, please specify: _____

Any work experience at Kinnaird College: Yes No NA

if yes please provide the details and documentary evidence in separate sheet (s).

FAMILY DETAILS

Immediate family details (Please note in case if not married please mention name of parents and sibilings and incase of married please mention details of husband and children other category may mention the information of their immediate family accordingly)

Name	Relationship	Contact Number & Email Address	CNIC Number (mention B Form number in case of minor)

Blood Relative(s) / Close Relative(s) **currently** or **previously** employed at Kinnaird College for Women please specify:

Name	Department	Designation	Relationship	Currently Working (Yes or No)

Heirship Information

Please nominate two Blood Relative (s) / Close Relative(s) to receive Gratuity and/or Funeral Expense if deceased .

Name	Relationship	CNIC Number (mention B Form number in case of minor)	Contact Number	Address

Preference will be given to the first nominee for final settlement .

MEDICAL HISTORY

Are you suffering from any disability and/or infectious, chronic disease: Yes ☐ No ☐ if YES please specify:

Hepatitis ☐ Tuberculosis ☐ AIDS ☐ HIV ☐

Asthma ☐ Cancer ☐ Diabetes ☐ Arthritis ☐

or Any Other : _____

CONDUCT & DISCIPLINE

Have you ever been terminated from any service? Yes ☐ No ☐

Have you ever been punished by the court of Law? Yes ☐ No ☐

Have you ever been a Drug Addict?

if yes please provide the details and documentary evidence.

REFERENCES

(Please provide details of two references)

I. Reference

Name: _____ **Designation:** _____

Company Name: _____ **E- mail:** _____

Office Landline No. : _____ **Mobile No.:** _____

Reference Type: _____

Address: _____

II. Reference

Name: _____ **Designation:** _____

Company Name: _____ **E- mail:** _____

Office Landline No. : _____ **Mobile No.:** _____

Reference Type: _____

Address: _____

I. Person to be contacted in case of emergency

Family Member Name: _____ **Relationship:**

CNIC: _____ **Residential Landline No. :**

Mobile No.: _____ **E-mail:** _____

Address: _____

I have attached copies of following documents:

Degrees:	Yes	No	NA
Transcripts:	Yes	No	NA
Diploma(s):	Yes	No	NA
Experience Certificate(s):	Yes	No	NA
Valid CNIC:	Yes	No	NA
Driving License:	Yes	No	NA

DECLARATION / UNDERTAKING

I _____ S/O, D/O _____

hereby certify that the information provided is true to the best of my knowledge and if found otherwise, College Management reserves all the rights to take legal actions leading to termination.

_____ **Date :** _____

Applicant Signature