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|   |   | **EDUCATION TRUST NASRA SCHOOL****EMPLOYMENT APPLICATION FORM** |   |   |
|   |   | **PLEASE PROVIDE ALL DETAILS AS PER (NATIONAL IDENTITY CARD)** | **APPLICANT'S****PHOTOGRAPH** |   |   |
|   |   | **Position Applied for** |  |   |   |
|   |   | **Name** |  |   |   |
|   |   | **Father's / Husband's****Name** |  |   |   |
|   |   | **Residential Address** |  |   |   |
|   |   |  |   |   |
|   |   | **CNIC #** |  | **Religion:** |  |   |   |
|   |   | **Email:** |  | **Gender:** |  |   |   |
|   |   | **Contact #** | **Residence:** | **Office:** | **Mobile:** |   |   |
|   |   | **Date of Birth:** |  | **Marital Status** |  Married | Single |   |   |
|   |   | **EDUCATIONAL / TECHNICAL QUALIFICATION****(Write In Chronological Order Starting From School)** |   |   |
|   |   |   |   |
|   |   | **Degree/****Certificate** | **Institution** | **Year of****Passing** | **Major Subject** | **Division / Grade** |   |   |
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|   |   | **DETAILS OF EXPERIENCE****(Write In Chronological Order Starting From Recent Employment)** |   |   |
|   |   |   |   |
|   |   | **Organization** | **Worked** **(From - To)** | **Designation** | **Department / Class** | **Last Salary Drawn** |   |   |
|   |   |   |   |
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|   |   | **DESCRIBE MAJOR RESPONSIBILITIES IN CURRENT EMPLOYMENT** |   |   |
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|   |   |  |   |   |
|   |   | **CURRENT SALARY** | **Gross Salary** | **Other Benefits** |   |   |
|   |   |  |  |   |   |
|   |   | **EXPECTED SALARY** | **Gross Salary** | **Other Benefits** |   |   |
|   |   |  |  |   |   |
|   |   | **HAVE YOU EVER BEEN DISMISSED OR ASKED TO LEAVE YOUR JOB?** |  YES | NO |   |   |
|   |   | **ARE YOU UNDER A SERVICE BOND WITH YOUR PRESENT EMPLOYER?** |  YES | NO |   |  |
|   |   | **HAVE YOU PREVIOUSLY BEEN EMPLOYED BY NASRA SCHOOLS?** |  YES | NO |   |   |
|   |   | **IF YES , PLEASE NAME****THE CAMPUS** **& YEAR** |  |   |   |
|   |   | **DO YOU HAVE ANY RELATIVE WORKING AT NASRA SCHOOLS?** | c YES | c NO |   |   |
|   |   | **IF YES , PLEASE NAME****THE CAMPUS** |  | **RELATIONSHIP** |  |   |   |
|  |   | **NAME** |  | **DESIGNATION** |  |   |   |
|   |   | **HEALTH****(Mention any serious illness & disability)** |  |   |   |
|   |   | **REFERENCES (At least 2)** |   |   |
|   |   |   |   |
|   |   | **Name** | **Organization / Designation** | **Postal Address** | **Contact No. / Email** |   |   |
|   |   |   |   |
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|   |   | **(By filling this form I certify that the information provided is true and correct to the best of my knowledge.****I further understand that a false statement will render me liable for termination of my employment.)** **DATE SIGNATURE** |   |   |
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|   |   | **NASRA SCHOOLS - HUMAN RESOURCE DEPARTMENT** |   |   |