



RECRUITMENT APPLICATION FORM



Position Applied For: _____

Personal Information: _____

Name		Father's / Husband's Name	
Date of Birth		Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
CNIC Number		Nationality	
Email Address		Phone #	

Address: _____

If married please provide dependants details as follows:

Full Name	Date of Birth	Relation

Incase of emergency please provide contact details of who can be informed:

Full Name	Contact Details	Relation

Do you have any blood relation in SINA :

YES

NO

Do you know anyone in the Organization:

YES

NO

If **YES** please mention the name and department

Questionnaire:

1. Are you suffering from any chronic illness(Diabetic/Hypertension/ Hepatitis B, C or tuberculosis? If yes please specify: _____

2. Are you taking medication? If yes please specify: _____

3. Do you have any history of psychiatric illness? If yes please specify: _____

4. Do you take / have of the following:

Pan

Smoking

Beetle (Chalia)

Gutka

Naswar

IV Drugs

Other intoxicant material

Details for Reference Check: Personal / Professional:

Name	Designation	Company Name	Contact Number	Email Address

Academic Qualification:

PNC # (Pakistan Nursing Council)	PMDC # Pakistan Medical & Dental College

Academic / Extra-curricular Achievement: _____

	Degree	Majors Discipline	Univerisity / College / Institute	Year passed	Grade
Post Graduation					
Graduation					
HSc / A Levels					
SSc/ O Levels					

Trainings / Certification

Name of Insitute	Course	Duration

Work Experience

Name of Organization	Duration		Position	Reason for Leaving
	From	To		
Gross salary last drawn:		Gross salary expected:		
Other benefits current:		Other benefits expected:		

(Note: Documentary evidence (payslip verified for the stated amount can be asked for)

I hereby verify that the above mentioned information is correct and absolute to my knowledge. Also I don't have any life threatening disease presently, but upon finding of any positive results diagnostic test provided falsified information by myself, I hereby permit HR to immediately discontinue my recruitment process.

I also hereby authorize the HR if incase of employment to discontinue my services, If I am found invloved in taking any intoxic material, drug or etc without prescription. (And also take any test to diagnose the clear results)

Signature: _____

Date: _____