

Job Application Form Paramedic Staff BPS-07 (Contractual)

(Please complete the application **by hand** in all respects. **Incomplete and or typed** form will not be entertained) Please attach all required documents as per the check list along with this application form. Kindly submit processing fee of Rs.450/- in favor of "Falcon HR" Account Number "1214-0981-001224-01-3" in any branch of Bank Al Habib and attached the deposit slip copy.

POST APPLIED FOR: _____ DATE: _____

FULL NAME:	EMAIL:	PHOTOGRAPH (Compulsory)
FATHERNAME:	Telephone No. (Mobile):	
DOMICILE:	DISTRICT/TEHSI:	
ADDRESS: _____ _____		

1. DEMOGRAPHIC INFORMATION:

SEX: Male Female MARITAL STATUS: Married Single

NATIONALITY: _____ RELIGION: _____ DATE OF BIRTH: (DD/MM/YYYY)

2. Family Details:

	NAME	AGE	OCCUPATION
FATHER :			
MOTHER:			
SPOUSE:			
BROTHER/S: Number	Age	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SISTER/S: Number: Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHILDREN:			
MALE : Number:	Age	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FEMALE: Number: Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Academic Information

DEGREE	School/Board	Passing Year	Subjects	Marks in (%)
HSC				
SSC				

4. Other Special / Technical Qualifications:

Please specify additional qualifications/ academic achievements obtained by you.

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5. Language Proficiency:

MOTHER TONGUE:	READING	WRITING	SPEAKING
OTHER LANGUAGES:			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Health:

Please specify if you have any physical disability

Typhoid	<input type="checkbox"/>	TB	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Cholera	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Small Pox	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>
Heart Diseases	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	Migraine	<input type="checkbox"/>

Please specify if you have any physical disability: _____

7. Employment Details:

Employment History (Starting from most recent)	Designation	Reporting To	Date of Joining	Responsibilities In Brief	Date of Leaving	Reason For Leaving	Take Home Salary	Gross Salary

TOTAL WORK EXPERIENCE: _____ **YEARS**

8. Remuneration Details:

	Basic Salary	Housing Allowance	Conveyance Allowance	Special Allowance	Any other Allowance [1]	Any other Allowance [2]	Gross Total
Last/Present Salary:							
Incentive Bonuses	Please specify your company's incentive scheme and approximate amount earned by you most recently: _____						
Non Cash Perks	Please specify your entitlements as per your company policy: _____						

9. Professional Reference:

Name	Company Name and Address	Designation	Tel/Mobile No.

Checklist of Documentation (Photocopies) :

Educational Document	<input type="checkbox"/>	Experience Certificate	<input type="checkbox"/>	COPY of CNIC	<input type="checkbox"/>
(3) Recent Photos	<input type="checkbox"/>	Domicile and PRC	<input type="checkbox"/>	Police Verification	<input type="checkbox"/>
Mohalla Town Union Committee Character Certificate	<input type="checkbox"/>	Clearance Report/Character Certificate from SSP/DIG of Respective District or Special Branch	<input type="checkbox"/>	Deposit Slip	<input type="checkbox"/>

Declaration:

I _____ SO/DO _____ hereby certify that all information on this job application are true and complete and I have no political affiliation. I also agree and understand that any falsification of information may result in my forfeiture of employment.

Date:

Signature: