

Chip Training & Consulting (Pvt) Ltd Initial Employment Application Form

Position Applied for: _____ HR Officer _____

1. PERSONAL INFORMATION		
1.1	Full Name	Saman Mughal
1.2	CNIC No.	17301-6663910-6
1.3	Date of Birth	24-04-1992
1.4	Father's Name	Anjam Mughal
1.5	Marital Status	Married
1.6	Permanent Address	PO Hazar Khuwani Muhalla Qandi Baig Zai Peshawar
1.7	Present Residential address	PO Hazar Khuwani Muhalla Qandi Baig Zai Peshawar
1.8	Phone No/Email Address	0333-9158388/ samanshahzebkhan@gmail.com

2. QUALIFICATIONS				
<i>List only last two academic qualifications</i>				
Year	Institution	Degree obtained	Main Subjects	Grade / Div.
2017	City University of Science & Information Technology	MS-MS	HR	3.58
2015	City University of Science & Information Technology	BBA(Hons)	HR	3.5

3. PREVIOUS EMPLOYMENT		
<i>Give details of your present employment.</i>		
<i>If you are currently unemployed, give these details in respect of the last employment held by you.</i>		
3.1	Employer Name and Address	/
3.2	Duration	
3.3	Last Job Title	
3.4	Main Duties	
3.5	Name & Title of your Immediate boss	
4.7	Gross Monthly Pay	

5. PAST WORK EXPERIENCE				
<i>List two previous jobs held by you, starting from the earliest.</i>				
From /To	Employer's Name and Address	Designation	Job Title	Main Duties

Feb 10th, 2022 till May 23rd, 2022.	Lady Reading Hospital MTI Peshawar	HR Officer	HR Officer	All HR functions
April 15th, 2021 to February 10th, 2022.	Public Health Association KPK & FATA	HR Manager	HR Manager	All HR functions

6. GENERAL INFORMATION

6.1	Do you suffer from any serious ailment, or disability? If so, give details.	No
6.2	Have you ever been tried or convicted for any crime/sexual exploitation and abuse? If so, give full details.	No
6.3	If an offer is made to you, how soon can you join us?	As soon as Possible
6.4	What are your salary and benefits expectation?	75000/

7. PROFESSIONAL REFEREES

Give details of two referees, preferably your previous employer(not friends or family), who can vouch for your character and work experience

7.1	First Referee	Name	Saima Abid
		Organization Name and Address	Public Health Association KPK & FATA
		Phone No and Email	saimabiddr@gmail.com
		Nature of association with you.	Supervisor/ President Public Health Association KPK & FATA
7.2	Second Referee	Name	Askar Abbas
		Organization Name and Address	Public Health Association KPK & FATA
		Phone No and Email	askarabbasmz@gmail.com
		Nature of association with you.	District Officer

I confirm and certify that the information given above is true, correct and complete to the best of my knowledge and belief. I accept responsibility for any misstatement that may be subsequently discovered.

Date: 2-10-23

Candidate's Signature: