



THE PUNJAB SCHOOL

(Franchised Campus)

APPLICATION FORM – OFFICE STAFF

| |
|---------------------|
| For office Use only |
| Sr. No. |
| Category |

Please attach followings with the Application Form:

1. Attested copies of degrees/certificates.
2. Attested copy of National Identity Card.
3. E.O.B.O.I Card (If applicable)

| |
|---|
| Applicant's recent Passport size Photograph |
|---|

Position/Job (Applied for)

1. Applicant's Name

2. Father's Name

3. Date of Birth Day Month Year

4. Nationality _____ 8 (a) Religion _____ (b) Sect _____

5. a. Place of Birth _____ b. Country _____

6. C.N.I.C No

7. Marital Status: Married: YES NO Divorced YES NO Widower/Widow YES NO

8. Spouse Name: _____ Qualifications: _____ Profession: _____

9. Number of children: _____ Age of eldest child: _____ Age of youngest child: _____

10. Present Address: _____

11. Tel. Nos., Res. _____ Work Place _____ P.P. _____

12. Permanent Address: _____
 (If other than Para 10) _____

13. (a) Have you ever applied for a job in this school ? YES NO

(d) If yes, give reference. _____

14. **Educational Qualifications:**

| Examination | Year of Passing | Div./Grade | Subjects | Institutions & Place | Board/University |
|--------------|-----------------|------------|----------|----------------------|------------------|
| Matric | | | | | |
| Intermediate | | | | | |
| Graduation | | | | | |
| Masters | | | | | |

15. Hobbies (if any) _____

TPS/Admin/104

16. **Professional Qualifications**

| Qualification | Year | Area of Specialization | University/Institution | Grade |
|---------------|------|------------------------|------------------------|-------|
| | | | | |
| | | | | |

17. **Experience**

| Sr. No. | Name(s) with Places of the Organizations served | Designation | Period | | No. of Years |
|---------|---|-------------|--------|----|--------------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |

18. Please give two references, who can recommend you:

| Name | Address | Telephone |
|------|---------|-----------|
| | | |
| | | |

Last Pay Drawn _____, Minimum acceptable salary Rs. _____ per month

Date:

Signature

FOR OFFICE USE ONLY

Remarks of the Selection Committee: _____

Appointed/Wait listed/Regretted

Pay Scale _____

Salary _____ Per Month

Date: _____

Executive Director

Chief Executive