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| **PleaseFill upinBLOCKletters** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Onlyonepositioncanbeappliedperform)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | **PositionAppliedFor** | | | | | | | | | | | | | | | | | | | | | | |
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| **First Name** | | | | | | | | | | | | | **Last Name** | | | | | | | | | | | | | | | |
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| **Gender** | | | | | | | | | | | | | **Marital Status** | | | | | | | | | | | | | | | |
| **Male** | | | | | | **Female** | | | | | | | **Single** | | | | | **Married** | | | | | | | | | | **Other** |
| **Fathers Name** | | | | | | | | | | | | | **Spouse Name** | | | | | | | | | | | | | | | |
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| **Nationality** | | | | | | **Date of Birth** | | | | | | | **Religion** | | | | | | | | **Blood Group** | | | | | | | |
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| **CNIC No.** | | | | | | | | | | | | | **Domicile** | | | | | | | | | | | | | | | |
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| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residence Phone No.** | | | | | | | | | | | | | **Cell No.** | | | | | | | | | | | | | | | |
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| **Office Phone No.** | | | | | | | | | | | | | **Fax No.** | | | | | | | | | | | | | | | |
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| **Office E-mail** | | | | | | | | | | | | | **Personal E-mail** | | | | | | | | | | | | | | | |
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| **Permanent Address (For Postal & Communication Please)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Address Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Next of Kin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | **Relation** | | | | | | | | | | | | | | | |
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| **Phone No.** | | | | | | | | | | | | | **Cell No.** | | | | | | | | | | | | | | | |
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| **Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Education (Highest Degree First)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Degree** | | | **Institute/Board/University** | | | | | | | | | **Marks Obtained** | | | | | | | | **Grade** | | | | | | **Passing Year** | | |
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| **Professional Information (PM&DC, PNC, CPSP, PEC)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Research Publication (If any use additional pages in case of more publications)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment History (Most Recent First)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization Name** | | | | | | | | | | | | | | | **Designation** | | | | | | | | | | | | | |
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| **Last Salary** | | **From** | | | | | | **To Date** | | | | | | | **Leaving Reason** | | | | | | | | | | | | | |
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| **Organization Name** | | | | | | | | | | | | | | | **Designation** | | | | | | | | | | | | | |
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| **Last Salary** | | **From** | | | | | | **To Date** | | | | | | | **Leaving Reason** | | | | | | | | | | | | | |
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| **Are you currently employed? Please (√) the box.** | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | |
| **Are you currently under any Govt. service? Please (√) the box.Provide NOC if yes** | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | |
| **Can we approach your current employer?**  **Please (√) the box.** | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | |
| **Do you have any criminal record?**  **Please (√) the box.**  **If yes; please provide details** | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | |
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| **Do any of your relatives/acquaintances currently work at HMC? Please (√) the box**  **If yes, please provide details** | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | |
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| **MR Number** | | | | | **Name** | | | | | | **Designation** | | | | | | | | | | | **Department** | | | | | | |
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| **Language** | | | | | | | | | **Read** | | | | | | | **Write** | | | | | | | | **Speak** | | | | |
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| **References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | **Organization** | | | | | | **Designation** | | | | | | | **Contact No.** | | | | | | | | **E-mail** | | | |
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| **Disabilities (if any)If yes, please specify** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **I certify that the above information is correct to the best of my knowledge. In case of any wrong declaration, I will be liable for any consequences including dismissal without notice.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Thumb Impression \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature ofApplicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR OFFICIAL USE ONLY**  **Dealing Assistant I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dealing Assistant II \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Superintendent HR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BANK INFORMATION**  **Bank Name**   |  | | --- | |  |   **Account Title**   |  | | --- | |  |   **Account No**   |  | | --- | |  |   **Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FREQUENTLY ASKED QUESTIONS (FAQs)**  **Q. I am interested in applying for more than one position. Do I need to complete a separate application for each position?**  **A. Yes, a separate form is required for every position.**  **Q. Am I required to follow up on my application?**  **A. No, once your application is received and found suitable for the position, you will be contacted by the HR Department.**  **Q. How I will be informed if short listed?**  **A. We inform candidates via office order, telephone and email.**  **Q. Does HMC give TA/DA to applicants?**  **A. No TA/DA is permissible.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |