

Photo

Employee Personal Record

1. Personal Details						
Full Name	QAMAR ZAMAN ALLAH BAKHSH			ID No.		
Passport Number	GQ 4226281		Nationality	PAKISTAN	Marital Status	Yes.
Date of Birth	Date	Month	Year	Place and Country of Birth		
	12	07	1995			
Join Date	Date	Month	Year	Position / Department		
	20	06	2022	Rig Helper		
Labor Card No.				Emirates ID		
Health Card No.				Driving License		

2. Contact Details				
Telephone(Home)			Skype Add	
Mobile-1			Mobile-2	
Email-1 :	qamarzaman12795@gmail.com		Email-2 :	

3. Current Address	
Home Address :	Umm Al Quwain
Location :	Umm Al Thoab
Emirate: UAE	Tel No.
Person to Contact : Name/Tel:	

4. Permanent Address (Home Country)			
Contact Name.	ALLAH BAKHSH		
Contact Tel:	+923067059760		
City/Town :	Punjab	Post Code :	
Country :	PAKISTAN		

5. Highest level of Education			Copy of Certificate attested? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Qualification :	Five Class (Secondary)		Graduation Date	M	M	Y	Y	Y	Y					
Institute :			Grade :											
Country :			Subject :											
Number of Years :	From	M	M	Y	Y	Y	Y	To	M	M	Y	Y	Y	Y

6. Credentials			
Degree	School/College/University	Specialty	Graduation Date
Secondary	Five Class		
Diploma			
Bachelor			
Master			
High Diploma			
Ph.D			

7. Recent Employer	
Employer :	
Contact Persons/Nos.:	Position/Title
Reason for Leaving:	

8. Experience (Start with the last work)						
Company Name	Place	Job Title	Period		Total Experience	
			From	To	Year	Month
Total Years of Experiences						

9. Training / Professional Certificate			
Training / Certificate Title	Provided	Period	
		From	To

10. Membership / License			
Membership / License Type	Issued By	Issuing Date	Expiry Date

11. Emergency Contact Details			
Immediate Contact Nos. (IN UAE)			
Name	Mohamed latef Naeem	Relation	Brother
Contact Nos.	+971529881040	Email	
Immediate Contact Nos. (IN Home Country)			
Name &	Mohamed latef	Relation	Brother
Telephone	+923067059760	Email	

12. Details Spouse	
Name	Work Place
Contact Nos.	Email

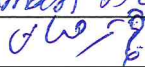
13. Details of Children (If any)			
Name			
Date of Birth	NO		
Gender			
Education Det.			

Please attach the following;

- Updated CV / Educational & Training Certificates / Experiences/Details of Spouse & Children's, etc...

I certify that the information contained on this form or any attachments, and in any subsequent information provided to support the details on this form is complete and accurate in all respects.

Name: Qamar Zaman Allah Bakhsh

Signature / Date -  22/07/2022

CTL Use Only -----

Employee's Payroll ID	Department	Section	Above Records Verified (Certificates/Experience, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary Grade	Date Hired	File Update Yes <input type="checkbox"/> No. <input type="checkbox"/> Date :	

Overall Evaluation	Unsatisfactory	Improvement Needed	Satisfactory	More than Satisfactory	Superior
Comments					
Signature & Date :					

