



**FAME PHARMACEUTICALS  
HUMAN RESOURCES DEPARTMENT  
APPLICATION FORM**

Date of Application: _____ 1. Name _____ 2. Gender Male <input type="checkbox"/> Female <input type="checkbox"/> 3. Father's Name _____ Occupation: _____ 4. Mother's Name _____ Occupation: _____	Colour Photograph (Passport) Applicant
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5. Current Address: (No, Street, Quarter, Township, Division) _____ _____ Contact Tel No: _____ G .Mail : _____ 6. Permanent Home Address: _____ _____ _____ Tel No: _____	7. Date of Birth (dd/mm/yy) <input type="text"/> <input type="text"/> <input type="text"/> 8. AGE <input type="text"/> 9. Blood Type <input type="text"/> 10. N.R.C No: _____ 11. Race & Religion: _____ 12. Height: <input type="text"/> <input type="text"/> Weight: <input type="text"/> lb BMI: <input type="text"/> 13. Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> No of Children <input type="text"/> Spouse's Name: _____ Occupation: _____ 14. Social Security Number: _____
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15. Education: _____	16. Other Qualification: _____
17. Training Experience: _____	

18. Expected Salary (Ks per month) \_\_\_\_\_

19. Interview experience in FAME No  Yes  Date \_\_\_\_\_

20. Position Applied for: \_\_\_\_\_

21. Work Experience. (List Current or most recent position first)

(I) Position \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

(II) Position \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

(III) Position \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

22. Rating _____ 23. Position _____	Approved by:	
24. ID No. _____ 25. Date of Employment _____		Signature of Applicant

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