PROFORMA FORSTAFF

Province: ----------
District: ----------

Staff Basic Information

Staff Name	
Cell No. (Contact #)	
Designation	
Guardian name	
Guardian Relation	1. S/O 2. D/O 3.W/O. 4. Other (mention)
CNIC #	
Gender	Male, Female
Staff Type	1. NGO 2. Organization
Organization Name	
Address	Home: Office:

Qualification Profile

Level 1. Matric 2. Intermediate 3. Bachelors 4. Master 5.Diploma (mention) 6. Others (mention)	**Discipline** 1. Arts 2.Science 3.Information Technology 4. General Science 5. Others	**Passing Year**	**Obtain Marks**	**Total Marks**
(Highest Qualification only)				
(Highest Professional Qualification)				

Experience Profile

Organization	**Designation & Scale**	**Date From**	**Date To**	**Is Current Job**