

International Islamic University, Islamabad

Human Resource Department Employee Detail Form

1) General Information:

Name		Father Name				Employee Code				
Personnel File #	For Official use	CNIC				DOB				
Passport No.	(Optional)		Marital Status			Domicile				
Appointment Date		C.Status (Active/Leave/etc)			Blood Group		Religion		Gender Male/Female	

Contact Information:

Permanent Address:					
Temporary Address:					
Postal Code:		Nationality:		Bank Account No:	
Home PTCL No:		Mobile No:		Email:	

2) Education History:

[illegible]

3) Service History:

S.No.	Category (Admin/ Academic)	Designation(Lect urer, Asst. Professor, AAO, UDC,Assistant.... etc)	App. Type (Regular/Contract/ TTS/Temporary/Ad hoc/Foreign Faculty Hiring/Daily Basis)	App. Mode (Direct/ Deputation/By Promotion)	From Date	To Date	Notification No.

4) Posting:

S.No.	Department	From Date	To Date	Current Status(Yes/No)	Reporting Officer

5) Abroad Travel:

S.No.	Destination	Visit From	Visit To	Visit Type	Visit Purpose	Leave Taken Type	Notify#

6) Family History:

S.No.											
First Name				Last Name					Dependant(Yes/No)		
Relation				CNIC			DOB			Gender(Male/Female)	
Live With				Marital Status (Single/Married)					Blood Group		
Occupation			Organization Name				Next of Kin			Next of Kin%	
Permanent Address:											
Temporary Address:											
Mobile No:				Email Address:					Domicile		

Nomination:

I hereby nominate the Person/Persons mentioned below who is/are member/members of my family to receive the benevolent grant, dues and the sum assured in the event of my death (Previous nomination if any to be treated as cancelled)

S.No.	Name of Nominee/Nominees	Relationship	Age	Specification of Share	Remarks

7) Previous Service History:

S.No.	Designation	Organization Name	Organization Address	From Date	To Date

8) Relative Information Working in IIUI:

S.No.	Relative Employee Code	Relation(Father, Mother, Sister, Brother.....etc)

9) Language Expertise:

S.No.	Language Name (English/Arabic/Urdu...etc)	Language Expertise Level (Excellent/Good/Fair)	Written (Excellent/Good/Fair)	Spoken (Excellent/Good/Fair)	Reading (Excellent/Good/Fair)

10) Special Detail:

S.No.	Specialty	Specialty Exp. Level	Specialty Degree	Training From	Training To	Experience

11) References:

S.No.	Ref. Type (Teacher/ etc)	Name	Gender	Domicile	Address	City	Email	Mobile No.

12) Training:

S. No.	Training Type	From Date	To Date	Training Course Name	Institute Name	Cost

13) Hobby:

S.No.	Hobby Name	Hobby Expertise Level	Any Award Taken

Signature of Employee:

Dated: _____

Signature of Head:
