AKGL Candidate Form

Applicant Details

Name	M Saad	**Applied For**	Accountant			**Date**	29-OCT-2025
CNIC	3310246246932	**Current Address**	fsdfa				
Cell	00000000000	**Relocation Acceptable**	Y	N	**Bank Account**	Y	N
City	Abbas Pur	**Monthly Traveling Acceptable**	Y	N	**Bank Name**		
Religion		**City Interested**			**Provide Security Cheque**	Y	N
Marital Status		**Age**			**Conveyance**	Car	Bike
Currently Employed	Y N	**Date of Birth**	06-DEC-1998		**House**	Own Rent	Father
Emergency Cell		**Address**			**Current Salary**	100000 **Expected Salary**	150000

Family Detail

Father Name		**Occupation**					
Mother Name		**Family Business**		**Computer Knowledge**	Beginner	Intermediate	Expert
	Brother	Sister					
Brother / Sister				Excel Knowledge			
	Son	Daughter	Detail				
Children				Work Knowledge			
Family Address				**Business Plan**			

Education History

Education	Grade	Marks	School/College/University	City	Specialization
Matric					
F.A / O.A Level					
Bachelors					
Masters					
Other					

Work History

City	Designation	Organization	Duration		Benefit & Other Information
			Start	End	