

CAREER OPPORTUNITIES AS INSURANCE AGENT
FOR POSITION OF SALES REPRESENTATIVE

| | |
|-------------------------|--|
| Name | |
| Father's/Husband's Name | |

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|-----------------|-----------------------|---------------------|------------|------------------------|
| <u>CNIC No.</u> | Marital Status | Gender (M/F) | Age | D.O.B. DD/MM/YY |
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QUALIFICATION DETAILS

| Academic Qualification (Minimum Intermediate) | | | Professional Qualification/Courses |
|---|--------------|-------|------------------------------------|
| Certificate/Degree | Passing Year | Board | |
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CONTACT DETAILS

CORRESPONDENCE ADDRESS/TEMPORARY ADDRESS:

RESIDENTIAL ADDRESS - IF DIFFERENT FROM ABOVE/PERMANENT ADDRESS:

| | | |
|----------------------|----------------------------------|--------------------------|
| Mobile No(s). | Tel No(s). with area code | Email Address(es) |
| | | |

| Details of Experience (if any) | | | | |
|--------------------------------|--|------------------|-----------------|----|
| S. No. | Name of Company/Organization with City | Designation/Post | Duration/Period | |
| | | | From | To |
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| PREFERRED CITY OF POSTING |
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