



# DHORAJI YOUTH SERVICES FOUNDATION

## Shaheens' Enrollment Form

Thank you for enrolling as Shaheen of Dhoraji Youth Service Foundation. We appreciate your dedication and commitment to serve the community. Please help us to determine how to make the best use of your skills as a Shaheen by filling out the details below:

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Dhoraji Association Membership Card Number (Self/Father/husband): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Educational Qualification: \_\_\_\_\_

Address: \_\_\_\_\_

Cell#: Email: \_\_\_\_\_

Please describe one major reason to be the Shaheen of DYS.

\_\_\_\_\_

\_\_\_\_\_

What best describes your current status?

Employed  Job Seeker  Student  Housewife  Retired

Please indicate your area of interest.

Education  Health  Event Management  
 IT & Communication Strategy  Learning & Development  Placements

Please mention your level of skill or experience in the following areas.

### 1. Management Skills:

	None	Good	Average	Excellent
• Communication				
Verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Event Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Leading Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. IT Skills:

	None	Good	Average	Excellent
• Ms. Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Web site Development & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Software Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other: (please specify) _____				

**Language(s) you speak fluently**

Memoni     Urdu     Gujrati     English     Other \_\_\_\_\_

**What is your preferred method of communication?**

Cell Phone     Email     Others \_\_\_\_\_

**2. YOUR AVAILABILITY**

Please tell us about your availability.

Start date: \_\_\_\_\_

**Please indicate the time slot when you would be available.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

**3. REFERENCES**

Provide two references of the Community/individuals who know you.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Sur Name: \_\_\_\_\_ Sur Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship with the Applicant: \_\_\_\_\_ Relationship with the Applicant: \_\_\_\_\_

**4. CONSENT**

I hereby authorize Dhoraji Youth Services Foundation to obtain references from the above individuals in connection with my application for enrolling as Shaheen. I hereby certify that all information included in this application form is true and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Please submit this form at the office of Dhoraji Institute of Information Technology along with:

- Enrollment Fee: Rs.200/=
- Resume
- Photocopy of CNIC
- Latest Degree(e.g. Intermediate Certificate)
- Photocopy of Dhoraji Association Membership Card (Self, Father or Husband)

**FOR OFFICIAL USE ONLY**

**Accept**       **Reject**       **Hold**

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Name & Designation \_\_\_\_\_ Date: \_\_\_\_\_

**FOR FINANCE DEPARTMENT'S USE ONLY**

Enrollment Fee Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_ Enrollment # allotted: \_\_\_\_\_ Signature: \_\_\_\_\_