


TERMS AND CONDITIONS FOR THE POSITION OF ACCOUNTS ASSISTANT

1. **Designation.** Accounts Assistant.
2. **Company Pay Scale.** CPS 12.
3. **Age**
 - a. **Minimum.** 25 Years.
 - b. **Maximum.** 40 years.
4. **Job Purpose.** To carry out general functions of an accounts assistant in accounts section with primary focus on compiling, managing, processing and reconciliation of various accounts and transactions.
5. **Qualification**
 - a. **Essential.** B.Com/BSc Accts/ BBA Fin with Min CGPA 3/1st Div from HEC recognized University and must have one year experience on SAP.
 - b. **Desirable.** MBA Fin/M.Com /Msc Accts (CGPA 3) from HEC recognized University.
6. **Experience.** Minimum 2 years of experience (preferably in Finance/ Accounts Function) of office work in a Govt. /semi govt organization or a reputed firm in corporate sector.
7. **Contract Period.** The contract will be for an initial period of two years. The continuation of service contract shall be dependent on extension of Contract by the Company, based on your performance and Policy of the Company, as amended from time to time.
8. **Responsibilities**
 - a. Assist Accountant in processing following operations of Accounts Section:-
 - (1) Audits.
 - (2) Collecting and entering data for various financial spreadsheets.
 - (3) Arrangement of necessary supporting in book keeping/postings.
 - (4) Creating financial reports on regular basis.
 - (5) Verifying the accuracy of invoices and other accounting documents or records.
 - (6) Reconciling any discrepancies or errors identified.
 - (7) Preparation and monthly stock reports.
 - (8) Budget preparation.
 - (9) Any tasks conducted within the Accounts Section.
 - b. Any other tasks/ responsibilities assigned by the Company within respective domain.
9. **Pay and Allowances and Service Benefits**
 - a. **Pay and Allowances.** It will comprise of the following:-
 - (1) Basic Pay, (with annual increment as per Company Policy).
 - (2) House Rent
 - (3) Conveyance allowance
 - (4) Utilities allowance
 - (5) Provident Fund
 - (6) Mobile telephone allowance.



As per
Company
Policy
 - b. **In Service Benefits.** As per Company Policy
 - c. **Terminal Benefits on Expiry of Prescribed Service Contract Agreement.** As per Company Policy.

APPLICATION FORM OF CANDIDATES FOR EMPLOYMENT IN FPCDL

Application for the Position of _____

Advertisement Source: _____ Date: _____

**Place Passport Size
Photo with Blue
Background**

Instructions:-

- Personal Information should be in **Capital Letters**.
- Properly filled / complete forms will only be considered.
- No Column will be left blank (In case of non applicability NA / Nil should be filled).

A. Personal Information																																															
1.	Name:																																														
2.	Father's Name:																																														
3.	CNIC Number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																														
4.	Religion:																																														
5.	Nationality:																																														
6.	Gender (tick) <input type="checkbox"/> Male <input type="checkbox"/> Female																																														
7.	Date of Birth (dd/mm/year): <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																														
8.	Age (Years & Months)																																														
9.	Marital Status (tick) : <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																																														
10.	Permanent Address: (House, Street, Colony/Scheme)																																														
	Tehsil:			Distt:			Province																																								
11.	Present Address: (House, Street, Colony/Scheme)																																														
	Tehsil:			Distt:			Province																																								
12.	Personal Contacts :																																														
	• Landline Phone No: _____ Fax No (If any): _____ (With Area Code)																																														
	• Mobile No: _____ : _____ E-mail address: _____																																														

B. Academic Background				
1. Qualification (Starting from highest/latest degree held)				
Degree Held	Institution	From	To	Division / Grade/CGPA
2. Provide Details of Professional Training , Certifications etc.				
Course/ Diploma/ Certification	Institution	Duration		Results
		From	To	
C. Awards / Achievements:				
D. Employment History (Starting from present position. Must mention Army / FPCDL experience if any):				
Organization	Position/Appointment Held	Period		
		From	To	

E. Medical History:	
1. Are you suffering from any infectious disease? If yes, describe the disease and period.	
2. Do you have any disability? If yes, describe the disability and period.	
F. References:	
Provide details of two (Academic / Professional) References :	
Reference-1 (Professional)	Reference-2 (Academic)
Name : _____	Name : _____
Appointment : _____	Appointment : _____
Address : _____	Address : _____
Tel No : _____	Tel No : _____
Email : _____	Email : _____
G. Declaration:	
<p>By signing below and submitting this Application Form, I ----- S/O, D/O,W/O -----do hereby declare that the information provided above, is accurate, to the best of my knowledge and I fully understand that any false statement or material omission/ suppression of any fact will render me ineligible for selection as well as dismissal from service at any stage (if selected). I also authorize FPCDL to contact my References/ Previous Employers for verification and I will further be ready to get verification of my degrees from concerned organizations to the satisfaction of FPCDL.</p>	
Signatures of Applicant: _____	Date: _____

Send your application on the address given below:
Foundation Power Company Daharki Limited (FPCDL)
4th Floor, Block-3, Fauji Towers, 68 Tipu Road, Chaklala, Rawalpindi.
Tel + 92 51 5763305-6, Email Rizwan.Shaukat@fauji.org.pk