



APPLICATION FOR HOUSE MAID FROM UGANDA

Names	ATWEBEMBIRE JENINAH
Post applied for	HOUSE MAID
Monthly Salary	1200QAR
Contract period	2YEARS

APPLICATION DETAILS		PASSPORT DETAILS	
Nationality	Ugandan	Names	ATWEBEMBIRE JENINAH
Religion	Christian	Passport number	B00351245
Date of Birth	04/06/1988	Date of issue	04/02/2024
Age	35years	Date of Expiry	03/02/2034
Place of birth	ISINGIRO	Place of issue	UGANDA GOVT MBARARA
Marital Status	Single		
Phone number			
Weight	74kg		
Height	158cm		
Education status	Secondary		

LANGUAGES SPOKEN

Proficiency	English	Arabic
Good		
Excellent	Yes	

WORKING EXPERIENCE

Country	Period	
Oman	2years	
UAE	3years	
Duties and Responsibilities		
Cooking	Washing	Ironing
Yes	Yes	Yes





FOUNTAIN OF HEALTH MEDICAL CLINIC - ANNEX

Kashenyi Trading Centre Tel: 0705 380 380 / 0777 941 887

LABORATORY REQUEST FORM / RESULTS

Name SEMMAH NIWEREMBE Sex f Age 38 LAB No _____

Address ISIGIRO Ward: OPD/IPD Date 21/02/2024

DEPT	TESTS
HEAMALOGY	<input type="checkbox"/> CBC <input type="checkbox"/> Hb <input type="checkbox"/> Blood grouping & Rhesus
CHEMISTRY	<input type="checkbox"/> AST <input type="checkbox"/> T.Bilirubin <input type="checkbox"/> A.Ibumin <input type="checkbox"/> ALP <input type="checkbox"/> Urea <input type="checkbox"/> Total Protein <input type="checkbox"/> ALT <input type="checkbox"/> Creatinine <input type="checkbox"/> Glucose <input type="checkbox"/> Total Cholesterol <input type="checkbox"/> Uric acid <input type="checkbox"/> Random blood s <input type="checkbox"/> LDL <input type="checkbox"/> HDL <input type="checkbox"/> Triglycerides <input type="checkbox"/> Serum Electrolytes (Na,k,CL and BUN)
IMMUNOLOGY	<input type="checkbox"/> CD4 Count <input checked="" type="checkbox"/> WIDAL / TST <input checked="" type="checkbox"/> HIV TESTS <input type="checkbox"/> VIRAL LOAD TEST <input checked="" type="checkbox"/> RPR/TPHA <input type="checkbox"/> SERUM CRAG <input checked="" type="checkbox"/> HCG <input type="checkbox"/> H.PYLORI <input checked="" type="checkbox"/> BAT <input checked="" type="checkbox"/> HEP B <input type="checkbox"/> DANAPCR <input type="checkbox"/> Rh. Factor
PARASITOLOGY	<input checked="" type="checkbox"/> B/S <input type="checkbox"/> Rapid Diagnostic Test-Malaria (RDT) <input type="checkbox"/> Stool Analysis <input type="checkbox"/> ModifiedZNUrinalysis <input type="checkbox"/> Urinalysis
MICRO BIOLOGY	<input type="checkbox"/> ZN Staining <input type="checkbox"/> High Vaginal Swab (HVS/US) <input type="checkbox"/> Culture and Sensitivity <input type="checkbox"/> Mycological Tests <input type="checkbox"/> Gram Staining <input type="checkbox"/> Sperm Analysis



Requested by _____ Signature _____



