

## [CTC-HRO-PTPP-Recuritment-7.8.5-c-058-IF/NN] [Reference Check Form-August 2023]

## **Professional Reference Check**

| Name of the person for   | Organization of referee: |  |  |
|--------------------------|--------------------------|--|--|
| which reference is       | World Health             |  |  |
| provided : Zain Ul Habib | Organization             |  |  |
| Name of Referee:         | Date of Reference:       |  |  |
| Dr. Majid Khan           | 4/3/2024                 |  |  |
| Designation of Referee : | A.                       |  |  |
| Immunization Officer     | Signature of Referee:    |  |  |

Please complete the sections below and return the filled and signed reference form to the Human Resource Department of CHIP Training and Consulting via email or surface mail (<u>muhammad.arif@chipconsulting.org</u>) or CTC House 1, Street 9, G.8.2, Islamabad, Pakistan.

Tick the mentioned rating for the recommended person:

| Professional/personal qualities    | Out-<br>Standing | Above<br>Satisfactory | Satisfactory | Not<br>Satisfactory | Unknown |
|------------------------------------|------------------|-----------------------|--------------|---------------------|---------|
| Quality of work                    |                  |                       | Yes          |                     |         |
| Ability to work with others        |                  |                       | Yes          |                     |         |
| Flexibility/adaptability to change |                  |                       | yes          |                     |         |
| Punctuality                        |                  |                       | Yes          |                     |         |
| Communication-oral/written         |                  |                       | yes          |                     |         |
| Attitude                           | Yes              |                       |              |                     |         |
| Judgment                           |                  |                       | Yes          |                     |         |
| Initiative/Leadership              |                  |                       | Yes          |                     |         |
| Achievements                       |                  |                       | yes          |                     |         |
| Overall Performance                |                  |                       | Yes          |                     |         |

| n addition, please provide the requested information below:  |     |
|--|-----|
| 1. I have known the applicant  | 2.  |
| As supervisor  |     |
| 4. What was the applicant's position in your organization?   | 5.  |
| TTM(Temporary Tehsil Monitor)  |     |
| 7. Was there any harassment or unprofessional misconduct conduct (Sexual exploitation, sexual abuse or sexual harassment) complaint lodged against the employees by the public or other employees during the period of employment? | 8.  |
| No   |     |
| 10. If the answer to question 3 is positive, please explain the nature and outcome. N/A  | 11. |
| Sexual ExploitationSexual HarassmentSexual Abuse   |     |
| 13. Was the person engaged in any professional misconduct that may pose a risk to the safety of children and vulnerable groups/adults?   | 14. |
| No   |     |
| 16. If the answer to question 5 is positive, please explain the nature and outcome. N/A  | 17. |
| Sexual ExploitationSexual HarassmentSexual Abuse   |     |
| 19. Has any disciplinary action or investigation been taken against the person   | 20. |
| No No  |     |
| 22. Would you re-hire him/her if a vacancy existed in your organization?   | 23. |
| Yes  |     |
| 25. Would you recommend the applicant for this position?   | 26. |
| Yes  |     |