

Chip Training & Consulting (Pvt) Ltd Application for Employment

Instructions:

Read the whole form carefully before starting to fill it in.
This form should be completed in ink, in candidate's own handwriting.
Attach copies (not originals) of all testimonials and certificates.
If space provided in the form for any particular information is inadequate,
Please attach additional sheets.

If any information given in this form is subsequently found to be incorrect, it will be construed as a gross misconduct, liable to be punished by instant dismissal and other disciplinary action as may be appropriate to the nature of misstatement.

|--|--|--|--|--|--|

1. PERSONAL INFORMATION			
1.1	Full Name	Junaid Ighal	
1.2	NIC No.	611.01.9335986-1	
1.3	Date of Birth	17-11-1997	
1.4	Father's Name	Taved Iabal	
	Marital Status	Married	
1.5	Spouse or next of Kin	4m Irraid	
	No. of Children	2	
1.6	Permanent Address	Nova Shehar Assolution	
1.7	Present Residential address		
1.8	Phone Numbers	6346-6689977	
1.9	E-mail address		

	2.Bank Details	
Account Title (Name of Ac Holder)		
Account No.		
Bank Name & Branch		



	6. GENERAL INFORMATION			
6.1	Do you suffer from any serious ailment, or disability? If so, give details.			
6.2	Have you ever been tried or convicted for any crime/sexual exploitation or abuse? If so, give full details.			
6.3	If an offer is made to you, how soon can you join us?			
6.4	What are your salary and benefits expectation?			

		7. PROFESS	SIONAL REFEREES
	details of two refere experience		l or marriage or friend), who can vouch for your character and nal Reference Only)
		Name	
	First Referee	Nature of association with you.	
7.1		Organization Name and Address	
		Phone Number	
		Email Address	
		Name	
	Second Referee	Nature of association with you.	
7.2		Organization name and Address	
		Phone Number	
		Email Address	

I confirm and certify that the information given above is true, correct and complete to the best of my knowledge and belief. I accept responsibility for any misstatement that may be subsequently discovered.

Date:	Candidate's Signature:	



Disclosure of Relationship / Kinship Form

(To be filled by Employee)

		(10 be fiffed	by Employee)		
I Jun	aid latel	, S/D/W c	of	, , 1	holding CNIC:
		_ designated as		at (city/dist	rict & Province)
		with	n CHIP Training	& Consulting (F	vt.) Ltd. (CTC),
do herel	by declare as:				
1. That	t none of my blood	l/close relations wh	ich may include	inter alia parents	s, brother, sister,
hush	oand, wife, spous	se, children, mater	nal and paterna	al uncle, aunt,	niece, nephew,
fathe	er/mother/sister-i	n-law or any other r	elationship whic	h could come und	der the standard
defii	nition of "blood/cl	ose relations" is emp	ployed at CTC/C	Client's office	
2. That	, I shall be bound	to declare - during	my course of er	nployment – if a	ny of my above
men	tioned relationship	is appointed at CTO	C/Client's office.		
3. The	following blood/c	lose relation (as me	ntioned in the A	rticle – 01 above)	is employed in
CTC					
Sr.No	Name	Designation	Organization	Dist./Province	Relation

Declaration: I do hereby solemnly affirm and declare that the information provided above is true, correct and nothing has been concealed therein.

Signature ______



CHIP TRAINING & CONSUL TING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Junaid Glad
Position appointed to	Junaid lybel Rider G-15
Department and/or Location of appointment	HMP. Oullet G-15.
CNIC#	6110193359861
CNIC Expiry Date	
Date of Joining	
Date and Ref. No. of appointment letter	
Name of the Supervisor	
Designation of Supervisor	
Supervisor's Comments	
Supervisor's Signature	