

## 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.

| Position applied for: |  |  |
|-----------------------|--|--|
|                       |  |  |

|     |                                | 1. PERSONAL INFORMATION |
|-----|--------------------------------|-------------------------|
| 1.1 | Full Name                      | Rab Nawaz               |
| 1.2 | NIC No.                        | 61101-3510147-9         |
| 1.3 | Date of Birth                  | 05.01-1995              |
| 1.4 | Father's Name                  | Magisood Shmed          |
|     | Marital Status                 | Married.                |
| 1.5 | Spouse or next of Kin          | Red A Mayrood Ahmed     |
|     | No. of Children                | 5                       |
| 1.6 | Permanent<br>Address           | 1 19/2 Islamabad        |
| 1.7 | Present<br>Residential address | Same                    |
| 1.8 | Phone Numbers                  | 0340 6085 238           |
| 1.9 | E-mail address                 |                         |
|     |                                |                         |

|   | 2.Bank Details |
|---|----------------|
| Account Title<br>(Name of Ac<br>Holder) |                |
| Account No.                             |                |
| Bank Name<br>& 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<br>experience |                                  | 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<br>Address |  |
|     |                                     | Phone Number                     |  |
|     |                                     | Email Address                    |  |
|     |                                     | Name                             |  |
| 7.2 | Second Referee                      | Nature of association with you.  |  |
|     |                                     | 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: |             |
|-------|------------------------|-------------|
|       |                        | N. D. D. C. |



#### Disclosure of Relationship / Kinship Form

(To be filled by Employee)

|    | (10 be filled by Employee)   |                     |                       |                    |                    |                    |
|----|--|---------------------|-----------------------|--------------------|--------------------|--------------------|
| Ι. | الما   | · Naver             | , S/D/W o             | f                  | , 1                | nolding CNIC:      |
|    |  |                     | _ designated as       |                    | at (city/dist      | rict & Province)   |
|    |  |                     | with                  | CHIP Training      | & Consulting (F    | vt.) Ltd. (CTC),   |
| do | herel  | by declare as:      |                       |                    |                    |                    |
| 1. | That   | none of my blood    | l/close relations whi | ich may include    | inter alia parents | , brother, sister, |
|    | husb   | oand, wife, spous   | se, children, materr  | nal and paterna    | al uncle, aunt,    | niece, nephew,     |
|    | father/mother/sister-in-law or any other relationship which could come under the standar |                     |                       | der the standard   |                    |                    |
|    | definition of "blood/close relations" is employed at CTC/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 CTC   | C/Client's office. |                    |                    |
|    |  |                     |                       |                    | 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                         | Rab Mancz  |  |  |
|--|--|--|--|
| Position appointed to                        | Butcher. (Office Associaté)  |  |  |
| Department and/or<br>Location of appointment | HMP G-15 Islamabad   |  |  |
| CNIC#  | 61101-3510147-9  |  |  |
| CNIC Expiry Date                             | 03-10-2031   |  |  |
| Date of Joining                              | 09- Apr- 25  |  |  |
| Date and Ref. No. of appointment letter      |  |  |  |
| Name of the Supervisor                       | Mudassir Kaleen  |  |  |
| Designation of Supervisor                    | Manager Sales and Operations   |  |  |
| Supervisor's Comments                        | Manager Sales and Operations Rab Nawager is an experense buther, who has previously work in Meutpro as well. He has strong understanding of diffrent cuts of ment and can paride expert recommendations to austimens based on their needs. |  |  |
| Supervisor's Signature                       | esso.  |  |  |





