

CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Kousar
Position appointed to	As CSW
Department and/or Location of appointment	UC-1 Morapahad Baldia dispensary
CNIC#	42501-9454538-2
CNIC Expiry Date	19-01-2031
Date of Joining	22-11-23
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	

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	Samima Bibi
1.2	NIC No.	42501-7801077-6
1.3	Date of Birth	01-01-1981
1.4	Father's Name	Arshed Mehmood
1.5	Marital Status	Married
	Spouse or next of Kin	
1.6	No. of Children	05
	Permanent Address	Majeed Colony Gausid Abad Karachi
1.7	Present Residential address	
1.8	Phone Numbers	0308-9019928
1.9	E-mail address	

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

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3. QUALIFICATIONS

List your last two academic qualifications

Sl. No.	Institution	Cert. / Degree obtained	Main Subjects	Grade / Div.
1	—	Middle	—	—
2	—	—	—	—

4. PREVIOUS EMPLOYMENT

Give details of your present employment.

If you are currently unemployed, give these details in respect of the last employment held by you.

4.1	Name of the Employer	—
4.2	Employer's Address	—
4.3	Duration	—
4.4	Your Last Job Title	—
4.5	Main Duties	—
4.6	Name & Title of your immediate boss	—
4.7	Gross Monthly Pay	—

5. PAST WORK EXPERIENCE

List all the previous jobs held by you, starting from the earliest.

From/To	Employer's Name & Address	Designation	Main Duties
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

6. GENERAL INFORMATION

6.1	Do you suffer from any serious ailment, or disability? If so, give details.	No
6.2	Have you ever been tried or convicted for any crime/sexual exploitation or abuse? If so, give full details.	No
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. PROFESSIONAL REFEREES

Give details of two referees, not related to you by blood or marriage, who can vouch for your character and work experience

7.1	First Referee	Name	Khatun Shamshad
		Organization Name and Address	CTC
		Phone No/Email	-
		Nature of association with you.	Aisi Bhabhi
7.2	Second Referee	Name	-
		Organization name and Address	-
		Phone No/Email	-
		Nature of association with you.	-

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.

23-11-23-

Candidate's Signature: _____

