



Bank Account Information	
Name of Employee	WAGAS AHMED
Designation	SAFETY WARDEN
Union Council / Area	GASBA KARYALI
District / Agency	GUJRAT
Contact No.	0345-5662169
CNIC No.	34203-9291031-5

Bank Account Title	WAGAS AHMED
Bank Name	UBL
Bank Address	SARAI ALAMGIR
Bank Branch Code	0158
Bank Account Number (With IBAN)	PK12UNIL0109000272306442

I will be responsible for the results occurring due to any mistake/error in the above information and there will be no liability on Chip Training and Consulting Pvt. Ltd for any dues/funds payable to me.

Employee Signature
(Mandatory)



Employee Thumb Impression
(Mandatory)

Dated: 22-DEC-2023

Note:

Employee will provide the bank account maintenance certificate with this letter for next salary processing.



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I Waqas Ahmed.....S/D/W/O Abtaf Hussain....., holding CNIC 34203-9291031-5, Resident of Qasba Karyali Teh. Sara i Alamgir Gujrat UC Qasba Karyali..... Tehsil Sara i Alamgir....., District Gujrat..... Employee for the position of Safety Warden..... With CHIP Training & Consulting (Pvt) Ltd under its third party contract for PTPP Project, do hereby declare as under:

1. That, I have not enrolled myself in any program in any college/university which comes under the category of regular studies and that currently I am not taking any regular classes.
2. That, I am not employed by any government department or private organizations neither have I any private business registered in my name nor am active partner in family business.
3. I shall be bound to declare - during the course of my employment - any of the above mentioned scenarios.
4. If found making a false or misleading statement when applying for this position with the company, I will be liable to instant dismissal, without benefits, on discovery of such falsehood or misrepresentation.

The following are the details of my regular studies or dual job, if any:

Name	Regular Student Of	Department/ Institute Name	Working as employee with (Govt/Private)	Department/ Organization name	Private business, if any	Any other part time job

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

Signature

Date: 22-DEC-2023



Disclosure of Relationship Form

(To be filled by Candidate)

I Waqas Ahmed, S/D/W/O Abtal Hussain, Holding CNIC 34203-9291031-5
Resident of Gasba Karyali, Teh. Sara i Alamgir, Dist. Gujrat
UC Gasba Karyali, Tehsil Sara i Alamgir, District
Gujrat Candidate for the position of
Safety Warden with CHIP Training & Consulting (Pvt.) Ltd. under its
third party contract for PTPP project, do hereby declare as under:

1. That none of my blood/close relations which may include inter alia parents, brother, sister, husband, wife, spouse, children, maternal and paternal uncle, aunt, niece, nephew, brother/father/mother/sister-law or any other relationship which could come into the standard definition of "blood/close relation" is employed under PTPP project in the same district or PTPP or CTC offices in the same province where I am candidate for this position.
2. That, if selected for this position, I shall be bound to declare - during the course of my employment - any of my above said relationship if the same joins PTPP, CTC or/and WHO to CTC at the earliest.
3. The following blood/close relations (as mentioned in article 01 above) are employed within PTPP CTC or WHO as of the date mentioned below:

Name	Designation	Organization	Province/District	UC	Relationship

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

Signature:

Date: 22-DEC-2023



CHIP Training & Consulting (Pvt). Ltd
Declaration Form of Candidate for Residential Address
(To be filled & signed by Candidate)

Name of Candidate as per CNIC:	WAGAS AHMED	
S/D/W of;	HAJI ALTAF HUSSAIN	
CNIC NO:	3 4 2 0 3 9 2 9 1 0 3 1 5	
Position Applied:		
Permanent address as per CNIC:	House No:	
	Street #:	
	Mohallah:	
	Village:	GASBA KARYALI
	Sector/UC:	GASBA KARYALI
	Town /Tehsil:	SARA I ALAMGIR
	District	GUJRAT
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		
Mohallah:		
Village:		GASBA KARYALI
Sector/UC		GASBA KARYALI
Town /Tehsil:		SARA I ALAMGIR
District		GUJRAT
Signature & Date:		Date of Form Filling:
	22-DEC-2023	



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	WAGAS AHMED
Position appointed to	SAFETY WARDEN
Department and/or Location of appointment	SPEED WAY FILLING STATION JHELUM
CNIC#	34203-9291031-5
CNIC Expiry Date	26 APRIL 2027
Date of Joining	15-JULY-2023
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	

TRAINING & CONSULTING

Application for Employment with CTC

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. A copy of CV and CNIC is mandatory.
- If space provided in the form for any particular information is inadequate, please attach additional sheets.
- If any information is 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.

Affix a recent passport sized Colour photograph here

(For official use only to be filled by CTC Staff)

صرف دفتر ہی استعمال کے لئے (سی سی ای سافٹی جانب سے پُر جائے گا)

Safety warden
15 July 2023

(Position applied for)

مہربانہ ہاؤس کے لئے درخواست دی گئی

(Expected Date of Induction Training if selected)

منتظر ہونے پر تقریبی تاریخ کی توقع ہوگی (سال/مہینہ/دن)

1- ذاتی معلومات (Personal Information)

Waqas Ahmed 34203-9291031-5 (12 st Dec, 1986)	(Full Name)	11
	(CNIC No)	12
	(Date of Birth (YYYY/MM/DD))	13
	(Other Identification number if CNIC is not available)	14
1 st Dec, 1986	(Date of Birth (YYYY/MM/DD))	14.1
(DOB not Mentioned) (Only Year available)	(Day, Month, Year Available)	(Tick any One) (Check DOB)
Iltaf Hussain	(Father's/Husband Name/ Name of i.e. Next Kin)	15
(Father)	(Relationship with Applicant)	16
Married	(Marital Status)	
Male	(Gender)	17
Mirza	(Tribe)	
ISLAM	(Ethnicity)	
Urdu	(Language)	
village Banhora P.O Box Qasba Karyali	(Permanent Address)	18
Cruzirat Union Council (Qasba)	(District and Union Council)	
village Banhora P.O Box Qasba Karyali	(Present Address)	19
(Residence) 0345 5662169 (Mobile)	(Contact Details)	

(E-mail) M. Salao, hader@gmail.com (Official)
 (B.A)

2.6

(Last Qualification)

2.1

2- تعلیمی قابلیت (Qualification)

Enter all your academic and technical qualifications, starting with school certificate/ Matriculation

تمامی تعلیمی و فنی قابلیتوں کو درج کریں، اسکول سرٹیفکیٹ/ماتریکولیشن سے شروع کرتے ہوئے

(Candidate's Name)	(Main Subject)	(Certificate/Degree Obtained)	(Institution)	(Year)
Orvide (C)	Arts & General Science	B.A	Allama Iqbal Open University	2013-2015

3- موجودہ روزگار (Present Employment)

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

Waqas Ahmed	(Name of Employer)	3.1
village Banhora P.O Box Qasba Karyali	(Employer's Address)	3.2
13 March 2022	(Date of Joining)	3.3
Safety warden/ seller	(Your Last Job Title)	3.4
Safety & Selling	(Main Duties)	3.5
Hazar Hussain (Manager)	(Name & Title of your Immediate Boss)	3.6
34 000	(Gross Monthly Pay)	3.7

4- گزشتہ روزگار (Past Work Experience)

Enter all the previous jobs held by you, starting from the earliest

تمامی گزشتہ روزگاروں کو درج کریں، سب سے پہلے سے شروع کرتے ہوئے

(Main Duty performed)	(Position held by you when you left the employer)	(Employer's Name & Address)	(From/To (DD/MM/YY))
	worker at Bakery	Waqas Ahmed village Banhora P.O Box Qasba Karyali	12 March 2022 - 11 July 2023

5۔ حوالہ جات (References)

Give details of 3 references, not related to you by blood or marriage, who can vouch for your character and work experience

مکمل نام
مکمل پتہ

M. Fiaz Ilahi village Banhora P.O Box Qasba Karyali 0344 5748546 (Friend)	(Full Name) (Full Address) (Contact Number) (Nature of association with you)	آپ کے ساتھ کام کرنے کی نوعیت	پہلا حوالہ First Referee	5
Sultan salah u din village Banhora P.O Box Qasba Karyali 0322 5969290 (CO-Worker)	(Full Name) (Full Address) (Contact Number) (Nature of association with you)	آپ کے ساتھ کام کرنے کی نوعیت	دوسرا حوالہ Second Referee	5.2
Sarfraz Ali Khan village Banhora P.O Box Qasba Karyali 0312 5425111 Friend	(Full Name) (Full Address) (Contact Number) (Nature of association with you)	آپ کے ساتھ کام کرنے کی نوعیت	تیسرا حوالہ Third Referee	5.3

6۔ عمومی معلومات (General Information)

(NO)

(NO)

6.2	Do you suffer from any serious ailment or disability? If so, give details	آپ کو کسی بھی سنگین بیماری یا عیب سے پرہیز کرنا پڑتا ہے یا نہیں؟ اگر ہاں، تو تفصیل بتائیں
6.3	Have you ever been tried or convicted for any crime? If so, give full details	آپ کو کبھی کسی جرائم سے متعلقہ کوئی ایسی معصومیت جو اس فارم میں موجود نہیں ہے آپ پر نہیں لگتی تھی۔
6.4	Give any other information not covered by this form which in your opinion is relevant to your application	آپ کو کسی اور معلومات جو اس فارم میں نہیں لکھی گئی ہیں اور جو آپ کے لیے اپنی درخواست کے لیے اہم سمجھتے ہیں، ان کی تفصیل لکھیں۔
6.5	What are your salary and benefits expectations?	آپ کی تنخواہ اور فائدہ کی توقعات کیا ہیں؟

It's depend upon situation

5000,0

7۔ عہدہ کی موزونیت (Suitability to the Position)

Briefly explain why you consider yourself suitable for the position you have applied for

I am hard worker & immediately available for this work.

آپ کے خیال میں آپ کیوں اس عہدہ سے زیادہ موزون ہیں؟

درخواست گزار کا حلف نامہ

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 be subsequently discovered.

(Handwritten Signature)

(Candidate's Signature)

25 July 2023

Under Section 23-Pakistan Citizenship Rules

No. GRT-19409-2010

APPENDIX-XIV

Dated: 5-7-2010

FORM 'P-I'

The Pakistan Citizenship Act, 1951 (II OF 1951)
and the rules made there under or (vide rule 23)

CERTIFICATE OF DOMICILE

Whereas WAQAS AHMED S/O ILTAFHUSSAIN
has applied for the grant of a certificate of domicile under the Pakistan Citizenship Act, 1951 (II of 1951), alleging with respect to himself / herself the particulars set out below and has satisfied the undersigned that the conditions laid down in Section 17 of the said Act for the grant of a Certificate of Domicile are fulfilled in the said

WAQAS AHMED

NOW, Therefore, in pursuance of the powers conferred by the said Act and the rules made there under, the undersigned hereby grants to the said WAQAS AHMED this Certificate of Domicile.

In Witness whereof, I have hereto subscribed my name this day of 5-7-2010



[Signature]
for District Coordination Officer,
Gujrat

FULL PARTICULARS RELATING TO THE APPLICANT

Full Name WAQAS AHMED

S/O ILTAFHUSSAIN

Address in Pakistan VILL. BANHORA P.O. QASBA KARYALI

Place of Domicile BANHORA

(Domicile) Tehsil Sarai Alamgir District Gujrat Prov/Admin: PUNJAB

Date of Arrival in Place of Domicile SINCE BIRTH

Married/Single/Widow/Widower Single

Name of Wife or Husband N/A

Name of Children and their Ages N/A

Trade or Occupation JOBLESS

Mark of Identification MOLE ON LEFT HAND



[Signature]
for District Coordination Officer,
Gujrat



PAKISTAN National Identity Card



ISLAMIC REPUBLIC OF PAKISTAN

Name

Waqas Ahmed

وَقَاسِ اَحْمَد



Father Name

Haji Altaf Hussain

حاجی الطاف حسین

Gender

M

Country of Stay

Pakistan

Identity Number

34203-9291031-5

Date of Birth

01.12.1986

Date of Issue

26.04.2017

Date of Expiry

26.04.2027

Holder's Signature

Waqas Ahmed

موجودہ پتہ: قصبہ کرمیالی، تحصیل سرائے عالمگیر، ضلع گجرات

34203-9291031-5

مستقل پتہ: قصبہ کرمیالی، تحصیل سرائے عالمگیر، ضلع گجرات



Usman Y. Molin

Registrar General of Pakistan

102571065717
223-86-070121

گمشدہ کارڈ ملنے پر قریبی لیڈ بکس میں ڈال دیں