



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

| | |
|--|-----------------|
| <i>Name of the Employee</i> | Sudais Ahmad |
| <i>Position appointed to</i> | Safety warden |
| <i>Department and/or Location of appointment</i> | Topi F/S |
| <i>CNIC#</i> | 16202-6267220-3 |
| <i>CNIC Expiry Date</i> | 10-09-2030 |
| <i>Date of Joining</i> | 20-07-2023 |
| <i>Date and Ref. No. of appointment letter</i> | |
| <i>Supervisors Comments</i> | |
| <i>Supervisors Signature</i> | |



| Bank Account Information | |
|--------------------------|----------------------------|
| Name of Employee | Sudqis ahmad |
| Designation | Safety warden |
| Union Council / Area | Younas khel Bakhel (Swabi) |
| District / Agency | Swabi |
| Contact No. | 03189762966 |
| CNIC No. | 16202-6167220-3 |

| | |
|---------------------------------|-----------------------|
| Bank Account Title | Sudqis ahmad |
| Bank Name | M C B |
| Bank Address | MCB Mardan road Swabi |
| Bank Branch Code | 6222 |
| Bank Account Number (With IBAN) | 1504898251005616 |

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: 21/12/2023

Note:

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

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

صرف دفتر ہی استعمال کے لئے (سنائی سی سٹاف کی جانب سے پمرا جائے گا) (For official use only to be filled by CTC Staff)

..... Safety warden (Position applied for) **عہدہ کا نام جس کے لئے درخواست دی گئی:**
.....
(Expected Date of Induction Training if selected) **منتخب ہونے پر تھیں اتنی تربیت کی متوقع تاریخ:** (سال نمبریں دون)

1- ذاتی معلومات (Personal Information)

| | | |
|---|---|-------|
| Sudais ahmad | (Full Name) مکمل نام | 1.1 |
| 16202-6167220-3 | (CNIC No:) شناختی کارڈ کا نمبر | 1.2 |
| | دیگر شناختی نمبر (شناختی کارڈ میسر نہ ہونے کی صورت میں) (Other Identification number if CNIC is not available) | 1.3 |
| 3/4/2002 | (Date of Birth) تاریخ پیدائش (سال نمبریں دون) (YYYY/MM/DD) | 1.4 |
| <input type="checkbox"/> تاریخ پیدائش معلوم نہیں (DOB not Mentioned) <input type="checkbox"/> صرف سال معلوم ہے (Only Year available) <input type="checkbox"/> دن، ماہ، سال معلوم ہے (Day, Month, Year Available) | (Tick any One) تاریخ پیدائش کا جائزہ لیں (Check DOB) (کسی ایک پر نشان لگائیں) | 1.4.1 |
| Javed ahmad | (Father's/Husband Name/ Name of i.e. Next Kin) والد شوہر/خونی رشتہ دار کا نام | 1.5 |
| — — | (Relationship with Applicant) امیدوار کے ساتھ رشتہ | 1.6 |
| Single | (Marital Status) ازدواجی حیثیت | 1.7 |
| Male | (Gender) صنف | |
| Yousafzai Pashtoon | (Tribe) قبیلہ | |
| Yousafzai | (Ethnicity) ذات | |
| Pashto | (Language) زبان | |
| Moh:- Younaskhel | (Permanent Address) مکمل پتہ | 1.8 |
| Dist:- Bamkhel (Swabi) | (District and Union Council) ضلع یا یونین کونسل | |
| Moh:- Younaskhel | (Present Address) موجودہ پتہ | 1.9 |
| (Residence) رہائش 03189762966 (Mobile) موبائل | (Contact Detail) رابطہ کی تفصیل | 2.0 |
| abdullah Bamkhel 0336@gmail.com | (Last Qualification) آخری تعلیمی سند | 2.1 |
| intermediate in accounts | | |

2- تعلیمی قابلیت (Qualification)

(List all your academic and technical qualifications, starting with school certificate (Matriculation))

تمام تعلیمی و تکنیکی قابلیت کی اسناد کی فہرست لکھیں (میٹرک سے شروع کریں)

| گریڈ/ڈویژن (Grade/Division) | اہم مضامین (Major Subjects) | سرٹیفکیٹ/مقام حاصل کردہ ڈگری (Certificate/ Degree Obtained) | ادارہ (Institution) | سال (Year) |
|--------------------------------|--------------------------------|---|---------------------------|---------------|
| 2nd Division | Maths Accounting | intermediate in accounting | G.O.C Lahor (Swabi) | |

3- موجودہ ملازمت (Present Employment)

(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).)

اگر آپ فی الحال بے روزگار ہیں، تو گزشتہ ملازمت کی تفصیلات فراہم کریں

| | | | |
|------------------|---------------------------------------|-------------------------------|-----|
| Its my first Job | (Name of Employer) | آجرگانام | 3.1 |
| Fresh | (Employer's Address) | آجرگانام پتہ | 3.2 |
| Fresh | (Date of Joining) | تاریخ تھینائی | 3.3 |
| Fresh | (Your Last Job Title) | آخری عہدہ | 3.4 |
| Fresh | (Main Duties) | اہم ذمہ داریاں | 3.5 |
| | (Name & Title of your Immediate Boss) | مجاز آفیسر کا نام اور عہدہ | 3.6 |
| Fresh | (Gross Monthly Pay) | مجموعی ماہانہ عہدہ (روپے میں) | 3.7 |

4- سابقہ کام کا تجربہ (Past Work Experience)

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

آپ کی تمام سابقہ ملازمتوں کی فہرست کی تفصیل، آخری ملازمت سے شروع کریں

| اہم ذمہ داریاں (Main duties performed by you) | عہدہ آخری عہدہ جب ملازمت چھوڑی (Position held by you when you left this employer) | آجرگانام اور پتہ (Employer's Name & Address) | دورانیہ دن-مہینہ-سال-دن-مہینہ-سال (From/To) (D/M/Y to D/M/Y) |
|--|--|---|---|
| Fresh | Fresh | Fresh | Fresh |
| | | | |
| | | | |

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. آپ کم از کم تین (3) حوالہ جات دیں، جن کا تعلق آپ کے کسی غوثی یا شاہی سے لے کر رشتہ سے نہ ہو، بلکہ آپ کے کردار اور کام کے تجربے سے واقف ہو۔

| | | | |
|---|---|---|--------------------------------------|
| Arshad Sultan Mohalla :- Younaskhel Ph :- 03469819446 uncle | (Full Name) (Full Address) (Contact Number) (Nature of association with you) | کامل نام کامل پتہ رابطہ نمبر آپ کے ساتھ کام کی نوعیت | 5.1 پہلا حوالہ First Referee |
| Mashood ahmad Mohalla :- Younaskhel Ph :- 03329291411 Friend | (Full Name) (Full Address) (Contact Number) (Nature of association with you) | کامل نام کامل پتہ رابطہ نمبر آپ کے ساتھ کام کی نوعیت | 5.2 دوسرا حوالہ Second Referee |
| Saud Sultan Mohalla :- Younaskhel Ph :- 03149049192 Cxn | (Full Name) (Full Address) (Contact Number) (Nature of association with you) | کامل نام کامل پتہ رابطہ نمبر آپ کے ساتھ کام کی نوعیت | 5.3 تیسرا حوالہ Third Referee |

6-عمومی معلومات (General Information)

| | |
|------------------------------------|--|
| Never | 6.1 کیا آپ کو کوئی معذوری یا بیماری تو نہیں ہے، اگر ہاں تو تفصیل بتائیں Do you suffer from any serious ailment or disability? If so, give details |
| The application covers all details | 6.2 کیا آپ کبھی کسی کام کے سلسلے میں مجرم تو قرار نہیں پائے، اگر ہاں تو تفصیل بتائیں Have you ever been tried or convicted for any crime? If so, give full details |
| — | 6.3 آپ کے خیال میں درخواست سے متعلق کوئی ایسی معلومات جو اس فارم میں موجود نہیں آپ بتا سکتے رہتی ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application |
| Immediately | 6.4 اگر ہم آپ کو اپنے ادارے میں کام کرنے کے لئے بلائیں، آپ کتنے عرصہ میں ہمارے ساتھ کام کر سکتے ہیں؟ If an offer is made to you, how soon can you join to us? |
| -34k | 6.5 آپ کی متوقع تنخواہ اور دیگر فوائد کی کیا امید رکھتے ہیں؟ What are your salary and benefits expectations? |

7-عہدہ کی موزونیت (Suitability to the Position)

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

آپ کے خیال میں آپ کون سا عہدہ کے لئے زیادہ موزوں ہیں؟

My skill set matches all the requirement laid out in the job discription - In particular my ability to work to an manage my time effectively make me good fit for the role.

درخواست گزار کا حلف نامہ

میں تصدیق کرتی ہوں کہ اوپر دی گئی تمام معلومات میرے علم اور یقین کے متن مطابق ہیں، درست اور مکمل ہیں، بعد میں کسی بھی معلومات کے غلط ہونے کی صورت میں تادیبی کارروائی کی ذمہ داری قبول کرتا کرتی ہوں۔

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.



امیدوار کے دستخط
(Candidate's signature)

21/12/2023 تاریخ (Date)



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

| | | |
|---|---------------------------|-------------------------|
| Name of Candidate as per CNIC: | Sudais ahmad | |
| S/D/W of; | | |
| CNIC NO: | 1 6 2 0 2 6 1 6 7 2 2 0 3 | |
| Position Applied: | | |
| Permanent address as per CNIC: | House No: | — |
| | Street #: | — |
| | Mohallah: | Younaskhel |
| | Village: | Bamkhel |
| | Sector/UC: | — |
| | Town /Tehsil: | Swabi |
| | District | Swabi |
| Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i> | House No: | — |
| | Street# | — |
| | Mohallah: | Younaskhel |
| | Village: | Bamkhel |
| | Sector/UC | — |
| | Town /Tehsil: | Swabi |
| | District | Swabi |
| Signature & Date: | Date of Form Filling: | Signature of Applicant: |
| | 20/7/23 | |



Disclosure of Relationship Form

(To be filled by Candidate)


I Sudais ahmad, S/D/W/O Javed ahmad Holding CNIC
16202-6167220-3, Resident of Swabi,
UC Swabi Ramkhal Tehsil Swabi, District
Swabi 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: 21/12/23



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I Sudais ahmad S/D/W/O Javed ahmad holding CNIC 1620261672203 Resident of Swabi UC Swabi Bamkha Tehsil Swabi District Swabi 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: 21/12/23