

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 considered as a gross misconduct, liable to be punished by instant dismissal and other disciplinary action as may be appropriate to the nature of misstatement.



(For official use only to be filled by CTC Staff) صرف دفتر استعمال کے لئے (اس کی کوئی عافیت جواب سے اجازت نہ)

مہر و کارنامہ جس کے لئے درخواست دی گئی (Position applied for)

منتخب ہونے پر تصدیق کرنی کی تاریخ (سماں میں ہون)

(Expected Date of Induction Training if selected)

1۔ ذاتی معلومات (Personal Information)

Moazzam Ali
35404-8988912-3

1.1 مکمل نام (Full Name)

1.2 شناختی کارڈ نمبر (CNIC No)

1.3 دیگر شناختی نمبر (شناختی کارڈ نمبر نہ ہونے کی صورت میں)

(Other identification number if CNIC is not available)

1.4 جنم کی تاریخ (سماں میں ہون) (Date of Birth (YY/MM/DD))

21-7-2001

1.4.1 جنم کی تاریخ کی تصدیق (کی ایک کاپی لگانا چاہئے) (Date of Birth Confirmation (Attach Copy))

جنم کی تاریخ سال میں ہے ✓
سماں سال میں ہے
(DOB not Mentioned) (Only Year available) (Day, Month, Year Available)

1.5 والد/شوہر کی نام (جو کہ ہو) (Father's/Husband Name/ Name of i.e. Next Kin)

Rana Schail Ahmad

1.6 تعلقہ (Relationship with Applicant)

Father

Single

Male

(Marital Status)

(Gender)

1.7 قبیلہ (Tribe)

(Ethnicity)

Rajput

(Language)

Urdu

1.8 مکمل پتہ (Permanent Address)

قاسم شریف محلہ، آباری آباد، آراڑ، ضلع شیخوپورہ

(District and Union Council)

Sheikhpura

1.9 موجودہ پتہ (Present Address)

قاسم شریف، محلہ آباری آباد، ضلع شیخوپورہ

2.0 رابطہ تفصیل (Contact Detail)

(Residence): 0309-9139261 (Mobile)

2.1 پوسٹ تصدیق (Post Qualification)

Moazzam648@gmail.com
I-C-S

2۔ تعلیمی قابلیت (Qualification)

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

تمام تعلیمی و فنی قابلیتوں کی تفصیل (پہلے سے شروع کریں)

گریڈ/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	میں تعلیم حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
A	Computer Science	Matric	Bise Lahore	2018
C	Computer Science	I-C-S	Bise Lahore	2020

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)

آپ کے فی الحال کے روزگار میں یا آخری ملازمت کی تفصیلات فراہم کریں

(Name of Employer)	آئی کانسٹریبل	3.1
(Employer's Address)	آئی کانسٹریبل	3.2
(Date of Joining)	تاریخ تیسواں	3.3
(Your Last Job Title)	آخری عہدہ	3.4
(Main Duties)	اہم ذمہ داریاں	3.5
(Name & Title of your Immediate Boss)	مافیا آفیسر کا نام اور عہدہ	3.6
(Gross Monthly Pay)	مہینہ بھر کی 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 تفصیل (سب سے پہلے سے شروع کریں)

اہم ذمہ داریاں (Main duties performed by you)	عہدہ آخری عہدہ ملازمت پر (Position held by you when you left this employer)	آئی کانسٹریبل (Employer's Name & Address)	دورانیہ سے (From/To) (D/M/Y to D/M/Y)
Shopkeeper & Salesman	Senior Worker	Moazzam Ali	5-10-2020 To 5-10-2022
Sheet Filler, Vaccine Manage	Polio worker	Moazzam Ali	11-10-2020 To 01-09-2023

5-حوالہ جات (References)

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

<p>Haseeb-ur-Rehman 0306-4047774 Friend</p>	<p>(Full Name) عمل نام (Full Address) مکمل پتہ (Contact Number) رابطہ نمبر (Nature of association with you) آپ کے ساتھ ہمہ عملی نوعیت</p>	<p>5.1 First Referer</p>
<p>Ustaf Yusaf 0300-4882476 Ustad</p>	<p>(Full Name) عمل نام (Full Address) مکمل پتہ (Contact Number) رابطہ نمبر (Nature of association with you) آپ کے ساتھ ہمہ عملی نوعیت</p>	<p>5.2 Second Referer</p>
<p>Jybal-Cheema 0300-4815425 Ustad</p>	<p>(Full Name) عمل نام (Full Address) مکمل پتہ (Contact Number) رابطہ نمبر (Nature of association with you) آپ کے ساتھ ہمہ عملی نوعیت</p>	<p>5.3 Third Referer</p>

6-عمومی معلومات (General Information)

No	6.1	Do you suffer from any physical ailment or disability? If so, give details.
No	6.2	Have you ever been fined or convicted for any criminal offence? Give full details.
No	6.3	Give any other information not covered by this form which in your opinion is relevant to your application.
Minimum 2 Years	6.4	How often is made to you, how long can you stay in us?
40+	6.5	What is your salary and benefits position?

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 کیوں اس عہدہ کے لئے زیادہ موزوں ہیں؟

Because my bahvoviox is good For everyone,

درخواست گزار کا حلف نامہ

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

M. Azam

Candidate's Signature

20-12-2023

Date

TRAINING &
CONSULTING

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

Name of Candidate as per CNIC:	Mazzam Ali	
S/D/W of:	Rana Sahail Ahmad	
CNIC NO:	3540489889123	
Position Applied:		
Permanent address as per CNIC:	House No:	
	Street #:	Gasim Street
	Mohallah:	New Abadi
	Village:	Arainwala
	Sector/UC:	
	Town /Tehsil:	Sheikhupura
	District	11
Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:	2
	Street#	Govt School boys/girls
	Mohallah:	New Abadi
	Village:	Arainwala
	Sector/UC	
	Town /Tehsil:	Sheikhupura
	District	
Signature & Date:	Date of Form Filling: 20-12-2023	Signature of Applicant: Mazzam

TRAINING &
CONSULTING

Disclosure of Relationship Form

(To be filled by Candidate)

I, Mozzam Ali, S/D/W/O Rana Shahid Holding CNIC
35404-298999123, Resident of Rasim Street, Mohallah New Abadi
UC Sheikhpura, Tehsil Sheikhpura, District Sheikhpura
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
<u>Muheeb</u> <u>Mozzam</u>	<u>Shell</u> <u>Safety</u> <u>warden</u>	<u>C.T.C</u>	<u>sheikhpura</u>		<u>COUSIN</u>
<u>Zain Ali</u>	<u>Polio</u> <u>worker</u>	<u>WHO</u>	<u>s</u>		<u>Younger</u> <u>Brother</u>

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

Signature:

Mozzam

Date: 20-12-2023

TRAINING &
CONSULTING

DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I, Mozzam Ali, S/D/W/O Rana Sahil Ahmed, holding CNIC 35404-8928923 Resident of Qasim Bazar, New Bazaar, UC Tehsil Shekhupura, District Shekhupura 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
No	No	No	No	No	No	No

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

Signature

Mozzam


Date: 20-12-2023

TRAINING &
CONSULTING


Bank Account Information	
Name of Employee	Mazzam Ali
Designation	Safety Warden
Union Council / Area	Amriyanwala
District / Agency	Sheikhupura
Contact No.	0309-9139261
CNIC No.	35404-89889123

Bank Account Title	Jazzcash
Bank Name	=
Bank Address	
Bank Branch Code	
Bank Account Number (With IBAN)	0309-9139261

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: 20-19-2023

Note:

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



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Moazzam Ali
Position appointed to	Safety Warden
Department and/or Location of appointment	Chip Training & Consulting / Usman CNG
CNIC#	35404-89889123
CNIC Expiry Date	31-10-2029
Date of Joining	1-9-2023
Date and Ref. No. of appointment letter	1-9-2023
Supervisors Comments	
Supervisors Signature	

