

Application for Employment with CTC

Instructions

- 1. Read the whole form carefully before starting to fill it in.
- 2. This form should be completed in ink. In addition, a cover memorandum.
- 3. Attach photocopies of originals of all documents and certificates. A copy of CV and CNIC is mandatory.
- 4. If space provided in the form for any particular information is inadequate, please attach additional sheets.
- 5. 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 in the nature of misconduct.



(For official use only to be filled by CTC Staff) (فائل کی پاپ سے اٹھانا ہے)

Safety Warden (Position applied for) (پوزیشن کے نام لکھنا ہے)

_____ (Expected Date of Induction/Training if selected) (مقررہ تاریخ)

(Personal Information) ذاتی معلومات	
MUHAMMAD ALI RAZA	(Full Name) مکمل نام 1.1
33100-1407363-5	(CNIC No) شناختی کارڈ نمبر 1.2
	(Other Identification number if CNIC is not available) دیگر شناختی نمبر (جس کا استعمال نہیں کیا گیا ہے) 1.3
March 09, 1998	(Date of Birth) جنم تاریخ (سال/مہینہ/دن) 1.4
<input type="checkbox"/> DOB not Mentioned (DOB not Mentioned) <input type="checkbox"/> Only Year available (Only Year available) <input checked="" type="checkbox"/> Day, Month, Year Available (Day, Month, Year Available)	(Check any One) (Check any One) (Check DOB) (Check DOB)
MAZHAR IQBAL	(Father's/Husband Name/ Name of i.e. Next Kin) والد شوہر یا خونی رشتہ دار کا نام 1.5
SELF	(Relationship with Applicant) امیدوار کے ساتھ رشتہ 1.6
UNMARRIED	(Marital Status) ازدواجی حیثیت
MALE	(Gender) صنف
PUNJABI	(Tribe) قبیلہ 1.7
ARAIN	(Ethnicity) امت
PUNJABI - URDU	(Language) زبان
P-23, St #1, NEW GREEN TOWN	(Permanent Address) مکمل پتہ 1.8
FAISALABAD	(District and Union Council) ضلع اور یونین کونسل
AS ABOVE.	(Present Address) موجودہ پتہ 1.9
(Residence) رہائش گاہ: 0312-9937338 (Mobile) موبائل نمبر	(Contact Detail) رابطہ کی تفصیل 2.0
(E-mail) ای میل _____ (Office) دفتر _____	
GRADUATE	(Last Qualification) آخری تعلیمی سند 2.1

5۔ حوالہ دہات (References)

Give attention to references, and contact to you by hand or carriage. آپ کو اپنے حوالہ دہات سے رابطہ کرنے کے لیے ہات سے یا گاڑی سے رابطہ کرنے کی ضرورت ہے۔

PANA SAID	(Full Name)	مکمل نام	5.1
HAIABAD BAZAR FAISALABAD	(Full Address)	مکمل پتہ	First Reference
0343-7282930	(Contact Number)	رابطہ نمبر	
MARKETING MANAGER	(Nature of association with you)	آپ کے ساتھ تعلق کی نوعیت	
HANAN	(Full Name)	مکمل نام	5.2
GHOUS FILLING STATION GUJRANWALA	(Full Address)	مکمل پتہ	Second Reference
0324-6457239	(Contact Number)	رابطہ نمبر	
SITE MANAGER	(Nature of association with you)	آپ کے ساتھ تعلق کی نوعیت	
SAAD WAQAS	(Full Name)	مکمل نام	5.3
ZAMZAM PETROLEUM STATION	(Full Address)	مکمل پتہ	Third Reference
0308-6216467	(Contact Number)	رابطہ نمبر	
SITE MANAGER	(Nature of association with you)	آپ کے ساتھ تعلق کی نوعیت	

6۔ عمومی معلومات (General Information)

NO	6.1	کیا آپ کو کبھی طبی پریشانی یا کوئی اور جسمی کمی ہوئی ہے؟ اگر ہاں تو تفصیل بتائیے۔ Do you suffer from any serious ailment or disability? If so, give details.
NO	6.2	کیا آپ کو کسی قسم کی سنگین جرم یا جرائم سے متعلق کوئی بھی قید یا سزا ہوئی ہے؟ اگر ہاں تو تفصیل بتائیے۔ Have you ever been fined or convicted for any crime? If so, give full details.
NO	6.3	آپ کے حوالہ دہانہ سے فراہم کیے گئے معلومات اس فارم میں موجود معلومات سے مطابقت رکھتے ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application.
IMIDIATELY	6.4	اگر ہم آپ کو جوائن کرنے کا ارادہ کر لیں تو آپ کتنے عرصے میں ہمارے ساتھ کام کر سکتے ہیں؟ If an offer is made to you, how soon can you join to us?
IN ACCORDANCE TO MARKET	6.5	آپ کی تنخواہ اور فائدہ توقعاتی کیا امید رکھتے ہیں؟ What are your salary and benefits expectations?

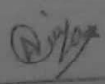
7۔ عہدہ کی موزونیت (Suitability to the Position)

(Briefly explain why you consider yourself suitable for the position you have applied for) آپ کے خیال میں آپ کیوں اس عہدہ کے لیے زیادہ موزوں ہیں؟

BECAUSE I THINK THAT I am
honest & loyal.

درخواست گزار کا حلف نامہ

میں تصدیق کرتا/کرتی ہوں کہ اوپر دی گئی تمام معلومات میرے علم اور یقین کے مطابق ہیں اور سچ اور مکمل ہیں۔ بعد میں کسی بھی معلومات کے غلط ہونے کی صورت میں ذمہ داری کا ادا کرنے 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 کا دستخط
 (Candidate's Signature)

21-12-23

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:	MUHAMMAD ALI RAJA	
S/D/W of:	MAZHAR IQBAL	
CNIC NO:	3 3 1 0 0 1 4 0 7 3 6 3 5	
Position Applied:	SAFETY WARDEN	
Permanent address as per CNIC:	House No:	D3
	Street #:	R-8
	Mohallah:	HUSSAINABAD
	Village:	NISHATABAD
	Sector/UC:	-
	Town /Tehsil:	FAISALABAD
	District	FAISALABAD
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		
Mohallah:		
Village:		
Sector/UC		
Town /Tehsil:		
District		
Signature & Date:	Date of Form Filling:	Signature of Applicant:
	21-12-23	



Disclosure of Relationship Form

(To be filled by Candidate)

I ALI RAZA S/D/W/O MALHAR JODAI Holding CNIC 33100-1407363-5
Resident of P. 3, S. H. P. HUSSAIDAT, Faisalabad UC MUSHTABAD
Tehsil Faisalabad District Faisalabad 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:



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I ALI RAZA S/D/W/O MALHAR IQBAL holding
CNIC 33100-1407363-5 Resident of P.3, St#08, Hussainabad, F.S.D
UC NISHATABAD Tehsil Faisalabad District Faisalabad
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
		N/A				

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



Bank Account Information	
Name of Employee	ALI RAZA
Designation	SAFETY WARDEN
Union Council / Area	NISHATABAD
District / Agency	FAISALABAD
Contact No.	0312-9937338
CNIC No.	33100 -1407363-S

Bank Account Title	MUHAMMAD ALI RAZA
Bank Name	EASYPAISA - TELENOR BANK
Bank Address	
Bank Branch Code	
Bank Account Number (With IBAN)	PK531MFB0000000036886349

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: _____

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	ALI RAZA
Position appointed to	SAFETY WARDEN'
Department and/or Location of appointment	MURIDKY
CNIC#	33100-1407363-5
CNIC Expiry Date	11-05-2026
Date of Joining	
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	

