

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

مصرف ذمہ داری استعمال کے لئے (سی ٹی سی سٹاف کی جانب سے پُر کیا جائے گا) (For official use only to be filled by CTC Staff)

مہدو کا نام جس کے لئے درخواست دی گئی: (Position applied for)
منتخب ہونے پر تہنائی تربیت کی متوقع تاریخ: (سال/ مہینہ/ دن)
(Expected Date of Induction Training if selected)

1- ذاتی معلومات (Personal Information)	
مکمل نام (Full Name)	1.1 زرینب ڈاکٹر
شناختی کارڈ نمبر (CNIC No)	1.2 135015178478-7
دیگر شناختی نمبر (شناختی کارڈ نمبر نہ ہونے کی صورت میں) (Other Identification number if CNIC is not available)	1.3
تاریخ پیدائش (سال/ مہینہ/ دن) (Date of Birth (YYYY/MM/DD))	1.4 05-July-2003
تاریخ پیدائش کا جائزہ لیں (کسی ایک پر نشان لگائیں) (Check any One) (Tick any One)	1.4.1 <input type="checkbox"/> تاریخ پیدائش معلوم نہیں (DOB not Mentioned) <input type="checkbox"/> صرف سال معلوم ہے (Only Year available) <input checked="" type="checkbox"/> دن، مہینہ، سال معلوم ہے (Day, Month, Year Available)
والد/شوہر/خونی رشتہ دار کا نام (Father's/Husband Name/ Name of i.e. Next Kin)	1.5 ڈاکٹر ظہور
امیدوار کے ساتھ رشتہ (Relationship with Applicant)	1.6 والد
ازدواجی حیثیت (Marital Status)	غیر شادی شدہ
صنف (Gender)	مرد
قبیلہ (Tribe)	تتنولی
ذات (Ethnicity)	تتنولی
زبان (Language)	اردو
مکمل پتہ (Permanent Address)	1.8 کھٹہ دو بندری گڑھی حبیب اللہ تحصیل بالاکوٹ ضلع ماٹنگرہ
ضلع یا یونین کونسل (District and Union Council)	ماٹنگرہ
موجودہ پتہ (Present Address)	1.9 کھٹہ دو بندری گڑھی حبیب اللہ
رابطہ کی تفصیل (Contact Detail)	2.0 موبائل (Mobile) 03138131875 رہائش (Residence) گڑھی حبیب اللہ فکس (Office) ای میل (E-mail)
آخری تعلیمی سند (Last Qualification)	2.1 ایف۔ اے

2- تعلیمی قابلیت (Qualification)

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

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

گرید/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ/حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
2nd Division	Commerxe	D.Com	Commerxe College.	2022

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

(Name of Employer)	آز کا نام	3.1
(Employer's Address)	آز کا مکمل پتہ Islamabad	3.2
(Date of Joining)	تاریخ تہناتی 12-11-2023	3.3
(Your Last Job Title)	آخری عہدہ Safety Warden	3.4
(Main Duties)	اہم ذمہ داریاں Bike Smalling	3.5
(Name & Title of your Immediate Boss)	مجاز آفیسر کا نام اور عہدہ M. Saleem	3.6
(Gross Monthly Pay)	مجموعی ماہانہ عہدہ (روپے میں) 34000	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)	آز کا نام اور پتہ (Employer's Name & Address)	دورانیہ دن - مہینہ - سال - دن - مہینہ - سال (From/To) (D/M/Y to D/M/Y)

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.			
5.1	پہلا حوالہ First Referee	محمد رفیاض جیدری شہوپال 03453987583 PUPM Sale Manager	(Full Name) (Full Address) (Contact Number) (Nature of association with you)
5.2	دوسرا حوالہ Second Referee	گڑھی حبیب علی 03129005254 MBBS	(Full Address) (Full Address) (Contact Number) (Nature of association with you)
5.3	تیسرا حوالہ Third Referee	فیصل شہزاد ایڈیٹ اکباد 03135037637 کالج	(Full Name) (Full Address) (Contact Number) (Nature of association with you)

6-عمومی معلومات (General Information)	
6.1	کیا آپ کو کوئی مفدوری بیماری تو نہیں ہے، اگر ہاں تو تفصیل بتائیں Do you suffer from any serious ailment or disability? If so, give details.
No	
6.2	کیا آپ کبھی کسی کام کے سلسلے میں مجرم قرار نہیں پائے، اگر ہاں تو تفصیل بتائیں Have you ever been tried or convicted for any crime? If so, give full details.
No	
6.3	آپ کے خیال میں درخواست سے متعلق کوئی ایسی معلومات جو اس فارم میں موجود نہیں آپ ہمیں بتا سکتے ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application.
No	
6.4	اگر آپ کو پنے 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?
5 Year	
6.5	آپ کی تنوع تنخواہ اور دیگر فوائد کی کیا امید رکھتے ہیں؟ What are your salary and benefits expectations?
60,000	

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؟	
This is my aim in life.	

درخواست گزار کا حلف نامہ	
میں تصدیق کرتا کرتی ہوں کہ اوپر دی گئی تمام معلومات میرے علم اور یقین کے عین 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)

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:	Zohaib	
S/D/W of;	Zakia Zahoor	
CNIC NO:	1 3 5 0 1 5 1 7 8 4 7 8 + 7	
Position Applied:	Safety Warden	
Permanent address as per CNIC:	House No:	147/8
	Street #:	Post office Goshi Habibullah
	Mohallah:	Tanoli
	Village:	Khata Dobandi
	Sector/UC:	
	Town /Tehsil:	Balakot
	District	Mansehra
	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:
	23/12/2023	



Disclosure of Relationship Form

(To be filled by Candidate)

I Zohaib....., S/D/W/O Zakir....., Holding CNIC 135015178478-7,
Resident
UC Gadhi Habibullah of Tehsil Balakot....., District
Mansehra..... 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 Zohaib, S/D/W/O Zakia Zakia, holding CNJC 135015178478-7, Resident of Khata Dohanli, UC Gashi Habibullah, Tehsil Balakot, District Mansehra. 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

Zohaib

Date:



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Zohaib Zakiø
Position appointed to	Safety Worden
Department and/or Location of appointment	Taran filling station
CNIC#	135015178478-7
CNIC Expiry Date	15-06-2031
Date of Joining	12-11-2023
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	

Bank Account Information	
Name of Employee	Zohaib Zakir
Designation	Safety Worden
Union Council / Area	Gashi Habibullah
District / Agency	Mansehra
Contact No.	03138131875
CNIC No.	135015178478 -7

Bank Account Title	Bank Title Zohaib Zakir
Bank Name	Easypaisa accout
Bank Address	
Bank Branch Code	
Bank Account Number (With IBAN)	03168131775

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: 23-12-2023

Note:

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

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Parents in...
at the



PAKISTAN
ISLAMIC REPUBLIC OF PAKISTAN

National Identity Card



Name
Zohair Zakir

زوحیر ذاکر

Father Name
Zakir Zahoor

ذاکر زاہور



Gender: M
Country of Stay: Pakistan

Identity Number
13501-5178478-7

Date of Birth
07.05.2003

Date of Issue
15.06.2021

Date of Expiry
15.06.2031



Holder's Signature

SY

154619

KHYBER PAKHTUNKHWA BOARD OF TECHNICAL & COMMERCE EDUCATION



PESHAWAR

**DETAIL MARKS CERTIFICATE
DIPLOMA IN COMMERCE
PART-II
ACCOUNT GROUP (REVISED 2006)**

Name of Candidate: ZOHAB ZAKIR
 Father's Name: ZAKIR ZAHOOR
 Roll No: 20263 Session: ANNUAL 2022
 Reg No: GCMS/BK/AC/20/M-10834
 Institute/College: GOVERNMENT COLLEGE OF MANAGEMENT SCIENCE BALAKOT(MANSEHRA)



Subject	Total Marks	Obtained Marks			
		Th	Pr	Total	In Words
Part-I Marks	600			313	
1 English	100	59	-	59	Fifty-nine
2 Urdu	100	44	-	44	Forty-four
3 Pakistan Studies	50	30	-	30	Thirty
4 Business I T-II	75 / 25	50	14	64	Sixty-four
5 Principle of Economics	50	35	-	35	Thirty-five
6 Communication Skills	50	45	-	45	Forty-five
7 Financial Accounting -II	100	42	-	42	Forty-two
8 Applied Accounting	50	31	-	31	Thirty-one
1200				663	Six hundred sixty-three

Prepared by Hafeez

Checked by _____

Result Declaration Date = 12/08/2022

Errors & Omission(s) excepted Any mistake in above particulars must be intimated within 30 days of the issuance of this certificate

CONTROLLER OF EXAMS

S.NO. 3052



DOMICILE CERTIFICATE

The Pakistan Citizenship Act, 1951 (Act, II of 1951)
Rules made thereunder (vide Rule No:23)

I ZOHAIB ZAKIR Son/Daughter/Wife of ZAKIR ZAHOOR

Declare that I was born of parents who are permanently domiciled in Khyber Pakhtunkhwa Province having belonged to it by birth/settled in it.

I belong to Village / Mohallah KATHA DOBANDI GARHI HABIBULLAH

Tehsil BALAKOT District Mansehra

Signature/Thumb Impression of Applicant	<u>Zohaib</u> ✓
Name	<u>ZOHAIB ZAKIR</u>
Dated	<u>25-08-2020</u>

Pursuance to the declaration date _____ Filled

Mr./Miss/Mrs. ZOHAIB ZAKIR So,Do,W/o ZAKIR ZAHOOR

CNIC NO _____ Domiciled in the Khyber Pakhtunkhwa Province

It is hereby Certified that the said ZOHAIB ZAKIR

is born of parents who are permanent residents of Khyber Pakhtunkhwa Province having belonged to it by birth/settled in it. I have satisfied myself personally/through my relevant sources that the above declaration is true and duly certified overleaf.

This 28th Day of Aug: 2020

No _____ Date _____ 20

COUNTER SIGNED BY

No 8836 Dated 02-09-2020
Deputy Commissioner
Mansehra

Assistant Commissioner
Assistant Commissioner
Balakot