

Application for Employment with CTC

Instructions	Affix a recent passport sized Colour photograph here
<ul style="list-style-type: none"> ■ 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 constructed as a gross misconduct, liable to be punished by instant dismissal and other disciplinary action as may be appropriate to the nature of misstatement. 	

مرف ذمزی استعمال کے لیے (سی ای سی سٹاف کی جانب سے مہرمانے گا) (For official use only to be filled by CTC Staff)

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

(Personal Information) 1۔ ذاتی معلومات

Waqar Hussain	(Full Name) مکمل نام	1.1
42101-1427594-9	(CNIC No.) شناختی کارڈ کا نمبر	1.2
	(Other Identification number if CNIC is not available) دیگر شناختی نمبر (شناختی کارڈ میسر نہ ہونے کی صورت میں)	1.3
1999/05/23	(Date of Birth) تاریخ پیدائش (سال/مہینہ/دن) (YYYY/MM/DD)	1.4
<input type="checkbox"/> تاریخ پیدائش معلوم نہیں (DOB not Mentioned)	<input checked="" type="checkbox"/> دن، مہینہ، سال معلوم ہے (Day, Month, Year Available)	1.4.1
<input type="checkbox"/> صرف سال معلوم ہے (Only Year available)	<input type="checkbox"/> کسی ایک پر نشان لگائیں (Tick any One)	
Saqib Hussain	(Father's/Husband Name/ Name of i.e. Next Km) والد/شوہر/رہزنی رشتہ دار کا نام	1.5
Father	(Relationship with Applicant) امیدوار کے ساتھ رشتہ	1.6
Single	(Marital Status) ازدواجی حیثیت	1.7
Male	(Gender) صنف	
	(Tribe) قبیلہ	
Sheikh	(Ethnicity) ذات	
Urdu	(Language) زبان	1.8
House # L-53, Anarkali Society, Surjani town West	(Permanent Address) مکمل پتہ	
	(District and Union Council) ضلع/یونین کونسل	
H# L-53, Anarkali Society, Surjani town.	(Present Address) موجودہ پتہ	1.9
H# L-53 (Residence) فون: 03332222717 (Mobile) موبائل: 03332222717 (Office) آفس: 03332222717 (E-mail) ای میل: —	(Contact Detail) رابطہ کی تفصیل	2.0
BS in Electronics	(Last Qualification) آخری تعلیمی سند	2.1

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/درجہ حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
59 %	Science	Matriculation	Saeeda Academy	2016
79 %	Electronics	Diploma	Jinnah Poly Tech	2019
3.4 CGPA	Electronics	Bachelors	Indus Uni	2023

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

Zafa Pharmaceutical	(Name of Employer)	آجر کا نام	3.1
Near luck One Mall	(Employer's Address)	آجر کا مکمل پتہ	3.2
01/07/2023	(Date of Joining)	تاریخ تہناتی	3.3
Tranee	(Your Last Job Title)	آخری عہدہ	3.4
Maintenance	(Main Duties)	اہم ذمہ داریاں	3.5
Sir Shakeel, Incharge	(Name & Title of your Immediate Boss)	مجاز آفیسر کا نام اور عہدہ	3.6
28,000 /-	(Gross Monthly Pay)	مجموعی ماہانہ عہدہ (روپے میں)	3.7

4- سابقہ ملازمتوں 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)	آجر کا نام اور پتہ (Employer's Name & Address)	دورانیہ دن - مہینہ - سال تا 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. آپ کم از کم تین (3) حوالہ جات دیں، جن کا تعلق آپ کے کسی قریبی یا شاہدی سے جڑے شدہ سے نہ ہو بلکہ آپ کے کاروبار نام کے تجربے سے متعلق ہوں۔

5.1	پہلا حوالہ First Referee	کامل نام (Full Name) کامل پتہ (Full Address) رابطہ نمبر (Contact Number) آپ کے ساتھ کام کی نوعیت (Nature of association with you)
5.2	دوسرا حوالہ Second Referee	کامل نام (Full Name) کامل پتہ (Full Address) رابطہ نمبر (Contact Number) آپ کے ساتھ کام کی نوعیت (Nature of association with you)
5.3	تیسرا حوالہ Third Referee	کامل نام (Full Name) کامل پتہ (Full Address) رابطہ نمبر (Contact Number) آپ کے ساتھ کام کی نوعیت (Nature of association with you)

6-عمومی معلومات (General Information)

6.1	کیا آپ کو کوئی معذور یا بیماری تو نہیں ہے، اگر ہاں تو تفصیل بتائیں Do you suffer from any serious ailment or disability? If so, give details.	—
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.	—
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.	
6.4	اگر ہم آپ کو اپنے ادارے میں کام کرنے کے لئے بلائیں، آپ کتنے عرصے میں ہمارے ساتھ کام کر سکتے ہیں؟ If an offer is made to you, how soon can you join to us?	as per your call
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 کیوں اس عہدہ کے لئے زیادہ موزوں ہیں؟

I'm capable for this job.

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 نفاذ 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.


اسیدوار کے دستخط
(Candidate's Signature)

11/02/2024
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:	Waqar Hussain	
S/D/W of;	Sagib Hussain	
CNIC NO:	4 2 1 0 1 1 4 2 7 5 9 4 9	
Position Applied:	Safety warden	
Permanent address as per CNIC:	House No:	Flat # CC-3123/Block-6, Maria App
	Street #:	Block 16
	Mohallah:	North Nazimabad
	Village:	
	Sector/UC:	14/B
	Town /Tehsil:	Karachi
	District	Central
	Current Residential Address: <small>(Kindly don't fill this section if permanent and residential addresses are same)</small>	House No:
Street#		street # 3
Mohallah:		Surjani Town
Village:		
Sector/UC		Sec 16
Town /Tehsil:		Karachi
District		West
Signature & Date:		Date of Form Filling:
	11/02/2024	Waqar



Disclosure of Relationship Form

(To be filled by Candidate)

I Waqar Hussain, S/D/W/O Sagida Hussain Holding CNIC
4210114275949, Resident of H.# L-53, Anarkli Society, Surjani Town,
UC West Tehsil West District West
Safety warden Candidate for the position of
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:

11/02/2024

Date:



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I Waqar Hussain, S/D/W/O Sajid Hussain, holding
CNIC 4210114275949, Resident of H# L-53, Anarkali Society, Karachi UC
Tehsil West, District West 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 Waqar
11/02/2024
Date:



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

<i>Name of the Employee</i>	Waqar Hussain
<i>Position appointed to</i>	safety warden
<i>Department and/or Location of appointment</i>	
<i>CNIC#</i>	42101-1427594-9
<i>CNIC Expiry Date</i>	25.12.2027
<i>Date of Joining</i>	
<i>Date and Ref. No. of appointment letter</i>	
<i>Supervisors Comments</i>	
<i>Supervisors Signature</i>	

**TRAINING &
CONSULTING**

Bank Account Information	
Name of Employee	Waqar Hussain
Designation	Safety Warden
Union Council / Area	Surjani Town
District / Agency	west
Contact No.	0333 2222 717
CNIC No.	42101-1427594-9

Bank Account Title	Upaisa
Bank Name	Ubank
Bank Address	
Bank Branch Code	
Bank Account Number (With IBAN)	PK77UMBL0000033322227175

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: 11/02/2024

Note:

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