

Disclosure of Relationship Form

(To l	oe	filled	by	Candidate)
	-		_	

I Aded Ahsan leholehar S/D/W 34.1014582.814, 3 Resident of 1505	10 Abdul 1	neijee Ahme	ed Sh	olding	CNIC
UC Grug ocumularlar with Society with third party contract for PTPP project, do he	Tehsil. באינות Candidate מרוח CHIP Training	for \$ & Cons	the ulting (P		

- 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/Distric t	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.

CONSTRUCTION OF THE PROPERTY O

Signature:

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:	Adeel Ahsan k	Lathax				
5/D/W of;	Abdul Moseed					
CNIC NO:		3410185828143				
Position Applied:	Soylety wooder	7				
Permanent address as per CNIC:	House No: Street #:					
	Mohallah:	llam Muhanmad Town				
	Village: Sector/UC:					
	Town / Tehsil:	sanwala.				
	District	sanvala.				
Current Residential Address:	House No:					
(Kindly don't fill this section if permanent and	Street#					
residential addresses are same)	Mohallah: Sexto	lat Town.				
		li Pees Ahmad Shuh.				
	Sector/UC					
	Town / Tehsil: Gw	oample				
	District //					
Signature & Date:	Date of Form Filling: May- 30 - 2024	Signature of Applicant:				

(Qualification) تعلی قابلیت (Qualification)

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

تمام تلیمی ونکنیکی قابلیت کی اساد کی فہرست تکھیں (میٹرک سے شروع کریں)

(Grade/Division)	ایم مشایتن (Major Subjects)	رفیلیف رماصل کرده و گری (Certificate/ Degree Obtained)	(Institution)	(Year)
577	Phy, che-bic		Schood.	2017
730	Humanitis	25Intes	B.1.S.EG12	,2021

_^وجوده ملازمت (Present Employment) موجوده ملازمت	3	
(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	وزگار بین بتو گزشته ملازمت کی تفصیلات فراجم کریں	أكرآ پ في الحال ب
Adeel Ahsan Khokhab	(Name of Employer)	3.1
Katili Peet Ahmad Shah.	(Employer's Address)	3.2
1st APRIL 2022	(Date of Joining) رَجُ تَعِيمًا تَى	3.3
Computed Operators Subveyo	(Your Last Job Title) مري عبده	7 3.4
Loss Adsustes.	(Main Duties) المحاصداريان	3.5
Oasim Ali	(Name & Title of your الميسرة عبده Immediate Boss)	3.6
30,000	(Gross Monthly (رويات) Pay) (کابانت ميده (رويات)	£ 3.7

(List all the previous jobs held by you	, starting from the earliest).	رست کی تفصیل ،آخری طازمت ہے شروع کریں	آپ کی تمام سابقه طاز متوں کی فی
ایم دمددادیان (Main duties performed by you)	عهده عهده آخری مهده جب طاز مت چورژی (Position held by you when you left this employer)	(Employer's Name & Address)	وورائيد ان ميندمال ادن ميندمال (From/To) (D/M/Y to D/M/Y)
Computer ope	Serios	Adeel Ahgan	1st April 2022
Surveyor,		khokhas.	to
Loss Adjust		katli pees Ahmad Shah.	28 Masd

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 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.

Affix a recent passport sized Colour photograph here

صرف دفتری استعال کے لئے (سی ٹی مٹاف کی جانب سے بحراجائے گا) (For official use only to be filled by CTC Staff) (Position applied for) عہدہ کا نام جس کے لئے درخواست دی گئی: (Position applied for) منتخب ، وفي ربعيناتي تربيت كي متوقع تاريخ: (سال مبديندردن) (Expected Date of Induction Training if selected) Adeel Ahsenkhokhot 34101-4582824-3 (Full Name) مل تام (Full Name) شناختی کارڈ کا نمبر (CNIC No:) دیگرشناختی نمبر(شناختی کارڈمیسر نہ ہونے کی صورت میں) 1.3 (Other Identification number if CNIC) is not available) تاريخ پيدائش (سال رمهيندرون) (Date of Birth 1.4 (YYYY/MM/DD) Lovo-11-13 تاريخ پيدائش كاجائزه ليل (كسي ايك پرنشان لگائيس) صرف سال معلوم ہے تاریخ پیدائش معلوم ہیں دن مبينه سال معلوم ي (Day, Month, (Tick any One) (Check DOB) (DOB not (Only Year available) Year Available) Mentioned) والدرشو بررخوني رشته داركانام 1.5 (Father's/Husband Name/ Abdul Mosseed Name of i.e. Next Kin) Father Unmassied Male 1.6 (Relationship with Applicant) امیدوار کے ساتھ دشتہ (Marital Status) از دواجی حثیت (Gender) 1.7 (Tribe) (Ethnicity) Urdu, Pugabi katali Pees Ahmd shuh زبان (Language) (Permanent Address) 1.8 (District and Union Council) 2019.90 Katli Pees Ahmad Sheh (Present Address) 1.9 (Residence) 1/2 0344-6464860: (Contact Detail) 2.0 (E-mail) Lo (Office) 3 آخري تعليمي سند Intermiediate 2.1 (Last Qualification)



Bank Account Information				
Name of Employee	Adeel Ahsen bhokhab			
Designation	Sefety Wasdon			
Union Council / Area				
District / Agency	Grussana Mala-			
Contact No.	0344-6464280			
CNIC No.	34101-4582814-3			

Bank Account Title	Easy Paiser
Bank Name	Easy Paiser
Bank Address	
Bank Branch Code	
Bank Account Number (With IBAN)	0344-6464220

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: Mery-30-2021

Note:

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



DECLARATION FORM

I Adeal Algan Cholcher 5/D/W/O Abolul Majeed holding CNIC 34102-4882814-3 Resident of kathlees Ahmed Shah, UC Tehsil Gustawala District Counterful Employee for the position of Seferty Wasdon 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
					Total Control of the	

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

Datas

Date:
Mary-30-2024

Signaturg