



Khyber Pakhtunkhwa Board of Technical & Commerce Education Peshawar Pakistan

Diploma in Commerce

Session Supplementary 2023

Certified that Mr/Miss.	TANZEEL KHAN
Son Daughter of Mr	ARSHAD SULTAN
Registration No.	GCMS/SWB/AC/21/M-4059
₫ G	OVERNMENT COLLEGE OF MANAGEMENT SCIENCES SWABI
	in Commerce Examination held by the Khyber Pakhtunkhwa Board of Education, peshawar in the month of November 2023 625 Marks out of 1200 and has been placed in
awarded to him/her at pe.	In recognition thereof, this Diploma In Commerce ACCOUNT GROUP (Revised 2006) Shawar on the 26Th day of Fabruary 2004

ASSISTANT SECRETARY

SECRETARY

has passed the Secondary School Serial No. 870702 ARSHAD SULTAN Pakistan Shudies Mardan Rhyber Pakhtunkhwa Pakistan Abucakan Secondary School Certificate Examination, Annual 2021 obtained 516 Marks out of 1100 and has been placed in Grade D Representing Fair. A 200 Secretary Certificate Examination of BISE, Mardan, held in July/August, 2021 as Regular Candidate. Islamiyal (Comp) This certificate is issued without alteration or erasure. THE FRONTIER ENGLISH GRAMMAR SCHOOL BAM KHEL SWABI Son of Sixth February Two Thousand Five (06-02-2005) TANZEEL KHAN The candidate passed the following subjects: Date of birth as per record is: Science Certified that and sludent of Roll No. Group

120/2/24

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			بلازمت کی تفسیلات فراہم کریں	ل بدوز كار بيل الأكراث	اكرآپ في الحا
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			(Name & Title of your Immediate Boss)	عازآ فيسركانا ماورعبده	3.6
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[CTC - HRO - SHELL - Personal File Managenient - 7.8.7-u-041]

[SOP Acknowledges | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1 ISOP Acknowledgement Form - Jan 2020]



Shell: Biker Straddling Project Staff Service Rules (CSSR)

Receipt and Acknowledgement

By signing this statement, I acknowledge that I have received a soft copy of the SOPs slides presented by Chi. To its order to the SOPs Session. I also slides presented by Chip Training & Consulting (Pvt) Ltd in the SOPs Session. I also acknowledge that I have leave that I have feeling acknowledge that I have acknowledge that I have been oriented on Safety Warden SOPs and I am familiar with its contents and agree to abide by all the conditions of employment outlined therein.

Participant Name: WAGAS	AHMED	Position: Safety Werden
Signature:		Date: 17-06-2024
C	TC Official Use	2
CTC Focal Person conducted the SOF	Ps:	
CTC Facilitator:		

of 3 references, not related to you by blood or m ich for your character and work experience	urage side-flylout	بالدامند عاد عدد مالايل	62-046-c	where (r) st	frof 4
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hose every S	to your application	یکی مطوعات بواس فارم بھی و بودیش آپ mation not covered by this form w کے لئے بائس آپ کتے عرصہ بھی تمارے			
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			بلازمت کی تفسیلات فراہم کریں	ل بدوز كار بيل الأكراث	اكرآپ في الحا
			Name of Employer)	(1627	3.1
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de l			تاریخ تعیدی تل		3.3
· .			Your Last Job Title)	آفری میده	3.4
			(Main Duties)	ابم ذمدداریال	3.5
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Disclosure of Relationship Form

(To be filled by Candidate)

I	Tanzeel khan 83067431, Residen	S/D/W/	o Arsh	ed Sa	Star Ho	olding	CNIC
16 20.2. UC	8306743.1, Residen Bankhel	t of	TehsilS	wa 61	wabi.	D	istrict
	wabi fety Warden		Candidate	for	the	position	of
third	party contract for PTPP pr	oject, do he	reby declare as	s under:	suiting (i	re, eta. uno	ier its

- 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.
- 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.

Signature:

Date:

97-06-29



of 3 references, not related to you by blood or m ich for your character and work experience	urage side-flylout	بالدامند عاد عدد مالايل	62-046-c	where (r) st	forfy
Zakir ali Mall lay Swa	bi	(Full Address)	کمل ام کمل باد	Junio, First	5.1
369410867	ത	(Contact Number) (Nature of association with you)	روبانيز 1 پ ڪسانوي ميک	Referee	
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CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Tanzeel khan
Position appointed to	Safety Warden
Department and/or Location of appointment	Topi filling Station Topi Swabi 16202-8306743-1
CNIC#	16202-8306743-1
CNIC Expiry Date	21-09-2032
Date of Joining	01-07-24.
Date and Ref. No. of appointment letter	,
Supervisors Comments	
Supervisors Signature	





Disclosure of Relationship Form

(To be filled by Candidate)

I	Tanzeel khan 83067431, Residen	S/D/W/	o Arsh	ed Sa	Star Ho	olding	CNIC
16 20.2. UC	8306743.1, Residen Bankhel	t of	TehsilS	wa 61	wabi.	D	istrict
	wabi fety Warden		Candidate	for	the	position	of
third	party contract for PTPP pr	oject, do he	reby declare as	s under:	suiting (i	re, eta. uno	ier its

- 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.
- 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.

Signature:

Date:

97-06-29





CHIP Training & Consulting (Pvt). Ltd <u>Declaration Form of Candidate for Residential Address</u> (To be filled & signed by Candidate)

Name of Candidate as per CNIC:	Tanzeel khan	
S/D/W of;	Arshad Sultan	1
CNIC NO:	162028306743	/
Position Applied:	Safety Worden.	18.4
Permanent address as	1	
per CNIC:	House No:	
	Street #:	
	Mohallah: Younus khel	
	Village: Bam khel	
	Sector/UC: Ban Khel	
	Town / Tehsil: Swa 6 L	
	District	
Current Residential		
Address:	House No:	
(Kindly don't fill this section if permanent and	Street#	
residential addresses are same)	Mohallah:	1
,	Village:	
	Sector/UC	
	Town /Tehsil: .	
	District	
Signature & Date:	Date of Form Filling: Signature of Applicant:	
	27-06-24	



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

1 Janzeel Khan	S/D/W/O	Arshad	Saltar	, holding
CNIC 16202-83067431	Resident of	Pan Kl	101.	, UC
Ban Khel Tehsi	1Swabi.	District	Swabi I	Employee for
the position of . Safety Waxe	Last With Cl	IIP Training & Con	sulting (Pvt) Ltd u	nder its third
party contract for PTPP Project, do he	reby declare as und	ler:		

- 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

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

Signature (2).

Date: 27 - 6 - 24

