



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

Name of Candidate as per CNIC:	FOZIA RANI	
S/D/W of;	Muhammad + Mubasher Hussain	
CNIC NO:	3310032883088	
Position Applied:		
Permanent address as per CNIC:	House No:	
	Street #:	4
	Mohallah:	Rasool Pura
	Village:	Jhang, Main city
	Sector/UC:	
	Town /Tehsil:	District Jhang
	District	Jhang
	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:
	30-09-2024	Fozia Rani



**Disclosure of Relationship Form**

(To be filled by Candidate)

I Fozia Rani, S/D/W/O Mubashar Hussain Holding CNIC  
33100-3288308-8, Resident of Mohalla Resool Pura,  
UC Thang, Tehsil Thang, District  
Thang Candidate for the position of  
Data Analyst 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: N/A

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:

Fozia Rani

Date:



### DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I Fozia Rani....., S/D/W/O M. Mubashar Hussain....., holding CNIC 33100-3288308-8....., Resident of Mohalla Rasool Pura....., UC....., Tehsil....., District..... Employee 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, 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:

N/A

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

Fozia Rani

Date:



Bank Account Information	
Name of Employee	Fozia RANI
Designation	Data Analyst
Location	Faisalabad
District	Faisalabad
Contact No.	0347-7747688
CNIC No.	33100-3288308-8

Bank Account Title	Fozia RANI Asaan Account
Bank Name	MCB
Bank Address	University of Agriculture FSD- 1688
Bank Branch Code	1688
Bank Account Number (16 Digit)	0 8 8 8 5 5 0 8 7 1 0 0 4 0 0 7

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: 30-09-2024

Note:

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

## ACCOUNT MAINTAINANCE CERTIFICATE

30 Sep 2024

This is to certify that this account is being maintained at MCB Bank with details mentioned below:

<b>Title of Account</b>	FOZIA RANI ASAAN ACCOUNT
<b>IBAN</b>	PK04MUCB0888550871004007
<b>Identity Document Number</b>	33100-3288308-8
<b>Type of Account</b>	ASAAN CURRENT ACCOUNT
<b>Currency</b>	PKR
<b>Account Opening Date</b>	27 Feb 2017
<b>Branch Name/Code</b>	UNIVERSITY OF AGRICULTURE FSD - 1688

This certificate is issued on the special request of customer without any liability from bank or its employee

**This is a computer-generated document. No signature is required.**