

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.



صرف دفتری استعمال کے لئے (محکماتی سٹاف کی جانب سے پُر جائے گا) (For official use only to be filled by CTC Staff)

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

1- ذاتی معلومات (Personal Information)

MUHAMMAD KONAINI	(Full Name) مکمل نام	1.1
42201-2382552-7	(CNIC No:) شناختی کارڈ کا نمبر	1.2
-	دیگر شناختی نمبر (شناختی کارڈ نمبر نہ ہونے کی صورت میں) (Other Identification number if CNIC is not available)	1.3
20-10-2003	(Date of Birth) تاریخ پیدائش (سال/مہینہ/دن) (YYYY/MM/DD)	1.4
<input type="checkbox"/> تاریخ پیدائش معلوم نہیں (DOB not Mentioned)	<input type="checkbox"/> دن، مہینہ، سال معلوم ہے (Day, Month, Year Available)	1.4.1
M. Shakeel	(Father's/Husband Name/ Name of i.e. Next Kin) والد/شوہر/رہنوی 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	
ABASI	(Ethnicity) ذات	
URDU SPEAK	(Language) زبان	
MARAN NO 406 KORANGI, I SECTION 32C KORANGI	(Permanent Address) مکمل پتہ	1.8
KARACHI, KORANGI	(District and Union Council) ضلع یا یونین کونسل	
MARAN NO 406 KORANGI, I SECTION 32C KORANGI	(Present Address) موجودہ پتہ	1.9
KORANGI (Residence) 0316-0019152 (Mobile)	(Contact Detail) رابطہ کی تفصیل	2.0
M Korangi 74970@gmail.com (E-mail)	(Office) دفتر	
2022	(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)

گرید/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ/عالمی/درجہ (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
MATRIC	BIOLOGY Chemistry English	2020	Govt. Boys Secondary School	2020
INTERMEDIATE	URDU ENGLISH ACCOUNTING	2022	Govt. DEGREE NETS Commerce (Colg)	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

M. KONAIN	(Name of Employer)	آجر کا نام	3.1
MAKAN 406 SECTOR 32C KORANCI 1 KH?	(Employer's Address)	آجر کا مکمل پتہ	3.2
8 JULY 2021	(Date of Joining)	تاریخ تینائی	3.3
SAFETY WARDEN	(Your Last Job Title)	آخری عہدہ	3.4
BIKE AND RICKSHAW STRADDLING	(Main Duties)	اہم ذمہ داریاں	3.5
BARICAT ALI	(Name & Title of your Immediate Boss)	مجاز آفیسر کا نام اور عہدہ	3.6
34000/-	(Gross Monthly Pay)	مجموعی ماہانہ عہدہ (روپے میں)	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)	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)
MEDICAL NURSPAY	2020	Govt. HOSPITAL SINDH KORANCI P. W	2020 To 2021
SALES MAN	2021	DISTRIBUTOR	2021 to 2022

5-حوالہ جات (References)

Give details of 3 references, not related to you by blood or marriage. آپ کم از کم تین (3) حوالہ جات دیں، جن کا تعلق آپ کے کسی خونی یا شادی سے نہ ہو، بلکہ جو آپ کے کردار اور کام کے تجربے سے واقف ہو۔
who can vouch for your character and work experience

5.1	سہما حوالہ First Referee	کمل نام (Full Name) WAJAHAT	کمل پتہ (Full Address) KORANGI NO2 DH 50 KORANGI KHI	رابطہ نمبر (Contact Number) 0312-4741906	آپ کے ساتھ کام کی نوعیت (Nature of association with you) FRIEND
5.2	دوسرا حوالہ Second Referee	کمل نام (Full Name) ZOHAB	کمل پتہ (Full Address) MAKAN 399 KORANGI 1 SECTOR 32 C KORANGI	رابطہ نمبر (Contact Number) 0312-0212671	آپ کے ساتھ کام کی نوعیت (Nature of association with you) FRIEND
5.3	تیسرا حوالہ Third Referee	کمل نام (Full Name) JAWED	کمل پتہ (Full Address) MAKAN 400 KORANGI 2 SECTOR 32 C KORANGI KHI	رابطہ نمبر (Contact Number) 0316-2061540	آپ کے ساتھ کام کی نوعیت (Nature of association with you) FRIEND

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.	No
6.2	کیا آپ کبھی کسی کام کے سلسلے میں مجرم تو 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 رہتی ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application	No
6.4	اگر ہم آپ کو چاہے 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?	PERMANENT
6.5	آپ کی متوقع تنخواہ اور دیگر فوائد کی کیا امید رکھتے ہیں؟ What are your salary and benefits expectations?	55000/-

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 believe I'm suitable for this job because I'm skill full about this job & can lead customers & inspire other.

درخواست گزار کا حلف نامہ

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.

Fromain
امیدوار کے دستخط
(Candidate's Signature)

22-12-2023
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:	MUHAMMAD KONAIN	
S/D/W of;	MUHAMMAD SHAKEEL	
CNIC NO:	4220123825527	
Position Applied:		
Permanent address as per CNIC:	House No:	406
	Street #:	KORANGI 1
	Mohallah:	GULSHAN RAZA SOCIETY
	Village:	-
	Sector/UC:	UC-34
	Town /Tehsil:	KORANGI TOWN KHI
	District	EAST
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		KORANGI 1
Mohallah:		GULSHAN RAZA SOCIETY
Village:		-
Sector/UC		UC-34
Town /Tehsil:		KORANGI TOWN KHI
District		EAST
Signature & Date:		Date of Form Filling:
	22-12-2023	Konain



Disclosure of Relationship Form

(To be filled by Candidate)

I M. KONAIN, S/D/W/O M. Shakool, Holding CNIC
42201-2382552-7, Resident of MARAN 406 MOHALA KORANGI 1 SECTOR 32 C KORANGI
UC EAST UC-34, Tehsil KORANGI TOWN KH District
EAST 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: 22-12-2023



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I M. KONAIN, S/D/W/O M. SHAKEEL, holding
CNIC 92201-2322552-7, Resident of MAKAN 406 KORANGI I SECTOR 32C KORANGI UC
UC-34, Tehsil KORANGI TOWN KHI, District EAST. 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 employec 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

M. Konain

Date: 22-12-2023



[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-037]
[Field Joining Form - Jan 2020]

CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	M. KONAIN
Position appointed to	SAFETY WARDEN
Department and/or Location of appointment	ADP. L PETROLEUM SERVICE
CNIC#	42201-2382552-7
CNIC Expiry Date	20-11-2031
Date of Joining	09 JUNE 2022
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	



Bank Account Information

Name of Employee	M. KONAIN
Designation	SAFETY WARDEN
Union Council / Area	UC - 34
District / Agency	KORANGI KHI
Contact No.	0316 - 0019152
CNIC No.	42201-2382552-7

Bank Account Title	MUHAMMAD KONAIN
Bank Name	MCB MUSLIM COMMERCIAL BANK
Bank Address	KORANGI INDUSTRIAL AREA KHI SECTOR 24
Bank Branch Code	1271
Bank Account Number (With IBAN)	1446528591005539

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: 22-12-2023

Note:

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

Sl.No.
ZI-041184

Roll No.
341191

Board of Secondary Education, Karachi



Secondary School Certificate Examination, 2020

SCIENCE GROUP

Certified that **MUHAMMAD KONAIN**
Father/Guardian's Name **MUHAMMAD SHAKIL**
whose date of birth is **TWENTIETH DAY OF OCTOBER TWO THOUSAND**
THREE has duly passed the Secondary School Certificate Examination
as a **REGULAR** Candidate in the subjects mentioned below

and has been placed in GRADE **D** He/She obtained **416** Marks out of **850**

COMPONENT I	COMPONENT II
SINDHI SALEES	MATHEMATICS
URDU NORMAL	BIOLOGY
ENGLISH	PHYSICS
PAKISTAN STUDIES	CHEMISTRY
ISLAMIAT	

PROMOTED DUE TO COVID-19

COMPONENT III
He/She offered
XXXXXXXX
as Vocational Subjects and has
been awarded grade **XXX**
by his/her Institution on the
basis of Internal Assessment.

DATED 25-10-2022



Syed Muhammad Ali Shaiq
Secretary

Note: This certificate is issued without alteration or erasure.
Please also see on the reverse.

A235459



BOARD OF INTERMEDIATE EDUCATION KARACHI

H.S.C PART - I & II INTERMEDIATE EXAMINATION (Annual - 2022)

Statement of Marks

Marks Sheet No. 00191633-0
 Group COMMERCE
 Roll No. 907427
 Enrolment /Registration No C2K2/CM/E-0395/2021
 Name MUHAMMAD KONAIN
 Father's Name MUHAMMAD SHAKIL
 College / Private GOVT. DEG. ARTS & COMM. COLLEGE FOR MEN (EVENING) KORANGI 6



Subject	Part I Marks		Part II Marks		Combined		%	Remarks
	Max.	Secured	Max.	Secured	Max.	Secured		
URDU NORMAL	100	70	100	73	200	143	71.5	Pass
ENGLISH NORMAL	100	70	100	79	200	149	74.5	Pass
ISLAMIC EDUCATION	50	35	-	-	50	35	70	Pass
PAKISTAN STUDIES	-	-	50	31	50	31	62	Pass
PRINCIPLE OF ACCOUNTING	100	83	100	43	200	126	63	Pass
PRINCIPLE OF COMMERCE	75	44	75	41	150	85	56.67	Pass
COMMERCIAL GEOGRAPHY	-	-	75	39	75	39	52	Pass
PRINCIPLE OF ECONOMICS	75	33	-	-	75	33	44	Pass
BUSINESS MATHEMATICS (MATHEMATICS/STATISTICS)	50	40	50	35	100	75	75	Pass
Total	Max Marks I	Secured Marks I	Max Marks II	Secured Marks II	Total Max. Marks	Total Sec. Marks	Over All %	Grade
	550	375	550	341	1100	716	65.09	B
In Words	Seven Hundred Sixteen Only							
Grace/Grade Raised								

E. & O.E.

Muhammad Durrani

Prepared By IT Department

[Signature]

CONTROLLER OF EXAMINATIONS

[Signature]
Checked By

Date : December 17, 2022



DOMICILE CERTIFICATE DISTRICT KORANGI KARACHI



No.:DC/Kor/K/Dom/2022/2215

Dated:26-JAN,2022

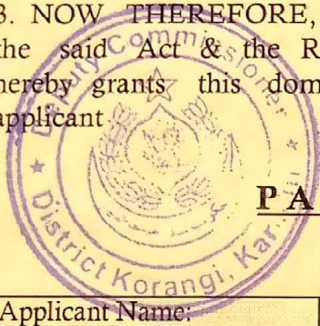
APPENDIX XIV

WHEREAS **MUHAMMAD KONAIN**

has applied for a domicile certificate under the Pakistan Citizenship Act, 1951, alleging with respect to himself / herself the particulars set out below

2. WHEREAS, the particulars have satisfied the undersigned that the terms and conditions as laid down in the said Act for grant of a citizenship certificate are fulfilled in the said case

3. NOW THEREFORE, in pursuance of the powers conferred by the said Act & the Rules made thereunder, the undersigned hereby grants this domicile certificate to the above mentioned applicant



PARTICULARS

ADDL. DEPUTY COMMISSIONER-II
Deputy Commissioner
Korangi Karachi
DISTRICT KORANGI KARACHI

Applicant Name:	MUHAMMAD KONAIN	Name of Children:
Father's Name:	MUHAMMAD SHAKIL	
CNIC No.:	42201-2382552-7	
Date of Birth:	20-OCT,2003	
Gender:	MALE	
Caste:	NIL	
Marital Status:	SINGLE	
Spouse Name:	NIL	
Arrival Date in District:	SINCE BIRTH	
Address:	H# N-406, SEC 32-C, KORANGI 01 KARACHI	
Sub Division:	KORANGI	
Bank Challan:	SB-15262	
Union Council:	NIL	
Occupation:	SELF EMPLOYEE	
Qualification:	MATRIC FROM KARACHI	
Identification Mark:	PHOTO ATTACHED	
Place of Birth:	KARACHI	
Place of Parents Domicile:	Father:KARACHI	Mother: N/A

Sign. _____

Incharge Domicile Branch
Deputy Commissioner Office
Korangi Karachi

ADDL. DEPUTY COMMISSIONER-II
Deputy Commissioner
Korangi Karachi
FOR DEPUTY COMMISSIONER
DISTRICT KORANGI KARACHI

حکومت پاکستان

قومی شناختی کارڈ

42201-2382552-7

نام : محمد کونین

جنس : مرد

والد کا نام : محمد شکیل

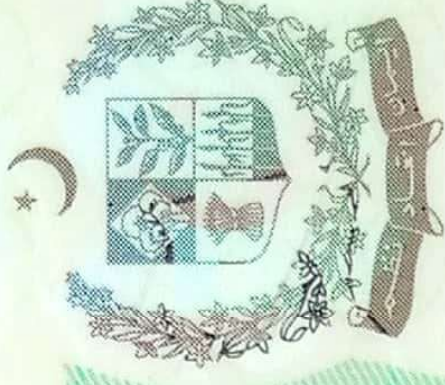
شناختی علامت : کوئی نہیں

تاریخ پیدائش : 20/10/2003



[Handwritten signature]

دستخط حامل کارڈ



محمد طارق ملک

دستخطار جسٹس جسرار جنرل

M56Q7F

خاندان نمبر:

42201-2382552-7

شناختی نمبر:

کورنگی

سیکٹر 32 سی

کورنگی 1

محلہ 406

موجودہ پتہ: مکان نمبر

ضلع کراچی کورنگی

مستقل پتہ: ایضاً

20/11/2031

تاریخ ترمیم:

20/11/2021

تاریخ اجراء:

گمشدہ کارڈ ملنے پر قریبی لیٹر بکس میں ڈال دیں

