

## **CHIP TRAINING & CONSULTING**

## JOINING REPORT BY A NEW EMPLOYEE

Supervisors Signature	
Supervisors Comments	
Date and Ref. No. of appointment letter	
Date of Joining	7/11/2024
CNIC Expiry Date	24/09/2025
CNIC#	42301-2817930-8
Department and/or Location of appointment	Safety and Customer Expirence Office Vernile Stradding SPL Defence
Position appointed to	Safety and Customer Expirence Office
Name of the Employee	Anjum a Nissa



## Disclosure of Relationship Form

CONSULTING		,	•			
_		(To be filled	by Candidate)		281793	0-8
I An Jum N. Resident UC	رُا.\$ه, S/D/ of Tehsil	W/O Misar Ameed South	Ahmed, Holding Da. Bulaling. Han Distric	gCNIC 4 Jmassil	2301-04-16 daeus Kum	, !harr.w
	Pirence of	Pice with C	Candidate fo HIP Training & C	r the consulting		
sister, husband, brother/father/r standard definite district or PTPP of 2. That, if s my employment WHO to CTC at	wife, spouse, mother/sister- ion of "blood, or CTC offices elected for thi t - any of my the earliest. wing blood/cl	children, mate law or any of close relation in the same pro- s position, I standard above said re- lose relations	other relationship " is employed un rovince where I an hall be bound to lationship if the s (as mentioned in a	al uncle, a which co der PTPP n candida declare - o ame joins	nunt, niece, nep ould come into project in the te for this positi during the cour PTPP, CTC or	o the same ion.  rse of /and
Name	Designation	Organization	Province/Distric	UC	Relationship	
Anjum Nisa	Safety and customer					
	ExPirence Officer					
		4				
Declaration; I do true and correct	o hereby solen and nothing h	nnly affirm an as been conce	d declare that the aled therein.	informati	ion provided ab	ove is
						- 1
					Date:	





# 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:	ANJUM	NISA
S/D/W of;		
CNIC NO:	4230	0 1 2 8 1 7 9 3 0 8
Position Applied:		
Permanent address as per CNIC:	House No:	D-32-A
	Street #:	D-37-A N0#4
	Mohallah:	Kumhar Wara
	Village:	Lyari
	Sector/UC:	89
	Town / Tehsil:	South
	District	South
Current Residential	TI TI	and the second second
Address:	House No:	
(Kindly don't fill this section if permanentand	Street#	
residential addresses are same)	Mohallah:	Same
	Village:	
	Sector/UC	
	Town /Tehsil:	
	District	
Signature&Date:	Date of Form Fillin	g: Signature of Applicant:
Anfrian-	7/7/20	24 Dupning
7/11/202	24'	



#### **DECLARATION FORM**

(IOBE	LILLED DI I	HE EMPLOYE	L)		
I Anjum Wesa	,S/Ð/W/O	Wilson,	Ahmed	hol	ding
I Anjum Wila CNIC 42801-2817930-8 Have Mark 109 Tehsil the position of SCE	Resident of.	Kumhan C	Java Karg	chi,	UC
the position of SCE	With CF	, District	<b>t.gs.c.v.l</b> l	Employee	e for
party contract for PTPP Project, do here	eby declare as und	ler:	isuting (1 vi) Eta	under its t	iiiiu

- 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
				-		
-		C Ac			36 1 21 2	

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

11/2024

## **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

Affix a recent passport sized Colour photograph here

صرف رفتری استعمال کے لئے ( ی فی می ساف کی جانب سے مجراجائے گا ) (For official use only to be filled by CTC Staff)

Safety and Customer Expirence (Position applied for) vechile Straddling SPL Deffnce منخب بونے برتعیناتی تربیت کی متوقع تاری اسال رمبیندردن) (Expected Date of Induction Training if selected)

اتی معلومات (Personal Information)	<u>L1</u>	
Anjum Nisa	(Full Name) ممل نام	1.1
42301-2817930-8	شاختی کارڈ کا نمبر (CNIC No:)	1.2
	ویکر شاختی نمبر ( شاختی کار دٔ میسر نه بونے کی معورت میں )	1.3
	(Other Identification number if CNIC is not available )	
6-7-1984	(Date of Birth (مال رمبيديرون) (YYYY/MM/DD)	1.4
ون ممید: سال معلوم کے بعض صرف سال معلوم ہے آتا تاریخ بیداکش معلوم نیس (DOB not (Only Year available) (Day, Month, Mentioned) Year Available)	تاریخ بیدائش کا جائز دلیں ( کی ایک پرشان لگا کمیں) (Tick any One) (Check DOB)	1.4.1
Nisar Ahmed	(Father's/Husband Name/ والدرثو بيرزوني رشته واركانام Name of i.e. Next Kin)	1.5
Husband	(Relationship with Applicant) امیدوار کے ماتحد رشتہ	1.6
Marved	(Marital Status) از دوا جي حثيت	e e .
Femail	(Gender) منف	
	(Tribe)	1.7
Kachi	(Ethnicity)	
Cariforn bi	(Language)	
Uen Kumbar Wasa News Hari	المران بية (Permanent Address)	
	(District and Union Council) نسل يايو نين كونسل	1.8
· · · · ·	(Present Address) == \$\(\pi_2 \text{s.y.}\)^4	1.9
(Residence) バックスシネーン414389 (Mobile) バァ (E-mail) よい (Office) カ	رابط کی تفصیل (Contact Detail)	2.0
Inter	(Last Qualification) تری تقلیمی سند	2.1

# (Qualification) 2

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

تمام تعلی و تنیکی قابلیت کی اساد کی فہرست تکعیں (میٹرک سے شروع کریں)

گریمٔ دویران (Grade/Division)	ا بم مضامین (Major Subjects)	مرٹیکیٹ رمامل کردوڈ گرئ (Certificate/ Degree Obtained)	اوار <b>ه</b> (Institution)	مال (Year)
				2002

(Present Employment	3_موجوده ملازمت (
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(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	ب بروزگار بین، توگزشته ما زمت کی تفصیلات فراہم کریں	اگرآپ نی الحال
چسز ا	(Name of Employer)	3.1
کعادا در روی (صوسیٰ مین)	(Employer's Address) آجريکا کملي پند	3.2
2022	(Date of Joining) تاریخ تعیناتی	3.3
سے و اسلی	آخری عبده (Your Last Job Title)	3.4
الملك في الله المسلم ال	(Main Duties) انهم ذمه داريال	3.5
سرطانب	(Name & Title of your اورعبدو الmmediate Boss)	3.6
37000/=	(Gross Monthly Pay) (روپے ش)	3.7

# (Past Work Experience) جربه 4

(List all the previous jobs held by you, starting from the earliest).

آپ کی تمام ما بقید ما زمتوں کی فہرت کی تفصیل، آخری ما ازمت سے شروع کریں

انم ذرداریال (Main duties performed by you)	هېده آنری میره ډب طازمت پیوزی (Position held by you when you left this employer)	جيا (Employer's Name & Address)	دورانیه دن مینید سال ۱ دن میند سال ۲ (From/To) ۲ (D/M/Y to D/M/Y)
اسٹان سِنرنسگ	سروالمار	چیران که دادر	80مینے
		1	1
/			

ve details of 3 references, not related to you by bloo o can vouch for your character and work experienc	od or marriage, کردارادیام کے فریدے دانف ہو۔	ن خونی باشادی سے جرے دشتہ سے نسان الکہ جوآپ کے	یں،جن کا تعلق آپ کے	ن(۳)حواله جات	)ازکم تح
	ال افت	<b>Z</b> • (Full Name)	تكمل نام	بہلاحوالہ	5
	Sild 100 07/100 W	(Full Address)	ممل بية	First	-
	0300-2533026	(Contact Number)	را طنم	Referee	
	يرًا سونث	(Nature of association with you)	آپ کے ساتھ کام	- ,4	
	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Full Address)	مكمل تابير		ů,
	ر که اروازه بوک	(Full Address)	ممل:	دومرا حواليه	5
- Lucitoria	6302-3283482	(Contact Number)	را المر	Second	
	مردوسي)	(Nature of association with you)	رابعه ریست آب کے ساتھ کا	Referce	
		(Full Name)	تكمل نام	Ć	1
		(Full Address)	مما ۔	تيسرا حواله	5
		(Contact Number)	رابطه نمير	Third	
		(Nature of association کی نوعیت with you)	رابعه. آب کے ماتھ کا	Referee	

(General Informa	6_موی معلومات (tion
$\sim$ 0	ار 6 کیا آپ کوکوئی معذوری پایماری تونیم ہے،اگر ہال تو تفصیل بتا کمی Do you suffer from any serious allment or disability? If so, give details.
$\sim$	الم المات محمي كام كيليد من مومو قرارتين بائي الريان وتغييل بتاكم الوقت المرابال وتغييل بتاكم المات المعالم ا
	آپ کے خیال میں ورخواست مے متعلق کوئی ایکی معلومات جواس فارم میں موجود کیس آپ بھی ما سکتے رسکتی ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application
7 ہے سار کا ا کرنے کا موقع ملا ۔ اس کے علاوہ کچرنس اسو جا	? اگر ہم آپ کو ہے ادارے بٹس کا م کرنے کے لئے بلا کمی ،آپ کتے عرصہ میں ہمارے ساتھ کام کر سکتے ہیں؟  If an offer is made to you, how soon can you join to us?
50000/2	What are your salary and benefits expectations?

7 عبده کی موز وثبیت (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 عبدہ کے لئے زیادہ موزوں میں؟

مبھے لگتا ہے۔ کہ مسجد اس میرہ کے بارے میں معلومان ہے (ور میں کرسکی

سرن ،ر

درخواست گزار کا حلف نامه

میں تعمد یق کرتا رکرتی ہوں کداو پردی کی تمام معلومات میر یے کم اور یقین مے نین مطابق کچی ، درست اور کمل ہیں، بعد ش کی مجم معلومات کے ناط ہونے کی صورت میں تادیجی کاروائی کی ذرسداری قبول کرتا مرکزتی ہوں۔

I confirm and certify that the information given above is true, correct and complete to the best of my knowledge and beleif. I accept responsibility for any misstatement that be subsequently discovered.

اميروار كردخ المسلك (Candidate's Signature)

7/11/2024 Est (Date)