

Chip Training & Consulting (Pvt) Ltd
Initial Employment Application Form

Position Applied for: Safety & Cx Specialist Officer

1. PERSONAL INFORMATION	
1.1	Full Name MUHAMMAD FAHAD ZULFIQAR
1.2	CNIC No. 37405-3536189-5
1.3	Date of Birth 11-09-2002
1.4	Father's Name MUHAMMAD ZULFIQAR AKHTAR.
1.5	Marital Status Simple
1.6	Permanent Address H#2203 St#16 MUHALLA ALLAMA IQBAL COLONY TENCH BHATTA, RWP CANT.
1.7	Present Residential address H#23 St#39-B NAJAM ENCLAVE JHANGI SAYEDAN FAISAL COLONY, ISB.
1.8	Phone No/Email Address 0330-4502727

2. QUALIFICATIONS				
List only last two academic qualifications				
Year	Institution	Degree obtained	Main Subjects	Grade / Div.
ICS	JINNAH COLLEGE RWP	RWP BOARD	-	52%
Matric	SHINING STAR	RWP BOARD	-	67%

3. PREVIOUS EMPLOYMENT	
Give details of your present employment.	
If you are currently unemployed, give these details in respect of the last employment held by you.	
3.1	Employer Name and Address ZAG GLOBAL
3.2	Duration 1.5 Years
3.3	Last Job Title CSR
3.4	Main Duties Cx HANDLING
3.5	Name & Title of your Immediate boss ALFRED PATE (TEAM LEAD)
4.7	Gross Monthly Pay 48,000/-

5. PAST WORK EXPERIENCE				
List two previous jobs held by you, starting from the earliest.				
From /To	Employer's Name and Address	Designation	Job Title	Main Duties
FEB 2023- SEP 2024-	ZAG GLOBAL	CSR	CSR	Cx handling
2019- 2021	Drive Tech	CRO	CRO	Cx Support

6. GENERAL INFORMATION

6.1	Do you suffer from any serious ailment, or disability? If so, give details.	N/A
6.2	Have you ever been tried or convicted for any crime/sexual exploitation and abuse? If so, give full details.	N/A
6.3	If an offer is made to you, how soon can you join us?	Immediately
6.4	What are your salary and benefits expectation?	60,000/-

7. PROFESSIONAL REFEREES

Give details of two referees, preferably your previous employer(not friends or family), who can vouch for your character and work experience

7.1	First Referee	Name	ALFRED PATE
		Organization Name and Address	ZAG GLOBAL
		Phone No and Email	0332-7500554.
		Nature of association with you.	TEAM LEAD.
7.2	Second Referee	Name	ZAHRA HAIDER.
		Organization Name and Address	Drive Tech
		Phone No and Email	0317-3013505
		Nature of association with you.	HR.

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 may be subsequently discovered.

Date: Nov 11~~8~~, 2024

Candidate's Signature: _____

MM
Zahra Haider
-7

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 دفترى استعمال کے لئے (سی ٹی سی سٹاف کی جانب سے پھرا جائے گا) (For official use only to be filled by CTC Staff)

عہدہ کا نام جس کے لئے درخواست دی گئی: (Position applied for) SAFETY & CX specialist
منتخب ہونے پر تعیناتی تربیت کی متوقع تاریخ: (سال/مہینہ/دن) 2024 نومبر
(Expected Date of Induction Training if selected)

1- ذاتی معلومات (Personal Information)	
فیدر ذوالفقار	1.1 مکمل نام (Full Name)
37405-3536189-5	1.2 شناختی کارڈ کا نمبر (CNIC No.)
-	1.3 دیگر شناختی نمبر (شناختی کارڈ نمبر نہ ہونے کی صورت میں) (Other Identification number if CNIC is not available)
11-9-2002	1.4 تاریخ پیدائش (سال/مہینہ/دن) (Date of Birth (YYYY/MM/DD))
<input type="checkbox"/> تاریخ پیدائش معلوم نہیں (DOB not Mentioned) <input type="checkbox"/> صرف سال معلوم ہے (Only Year available) <input checked="" type="checkbox"/> دن، مہینہ، سال معلوم ہے (Day, Month, Year Available)	1.4.1 تاریخ پیدائش کا جائزہ لیں (کسی ایک پر نشان لگائیں) (Check DOB) (Tick any One)
محمد ذوالفقار اختر	1.5 والد/شوہر/رہنوی رشتہ دار کا نام (Father's/Husband Name/ Name of i.e. Next Kin)
والد	1.6 امیدوار کے ساتھ رشتہ (Relationship with Applicant)
Single	1.7 ازدواجی حیثیت (Marital Status)
MALE	صنف (Gender)
-	قبیلہ (Tribe)
-	ذات (Ethnicity)
-	زبان (Language)
پتہ مکمل پتہ: پوچان # 2203 گلہ # 16 حیدر علامہ اقبال کلاونی	1.8 (Permanent Address)
ڈسٹرکٹ اور یونین کونسل: راولپنڈی	(District and Union Council)
H# 23 SH# 39-B NAJAM ENCLAVE JANGI SYEDAN FAISAL COLONY, ISB	1.9 موجودہ پتہ (Present Address)
موبائل نمبر: 0330-4502727 (Residence) (E-mail)	2.0 رابطہ کی تفصیل (Contact Detail)
آفس نمبر: (Office)	
ICS	2.1 آخری تعلیمی سند (Last Qualification)

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/درجہ حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
C	کمپیوٹر	ICS	جنح کالج راولپنڈی	ICS/2023

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

ZAG GLOBAL	(Name of Employer)	آجر کا نام	3.1
MAIN GT ROAD OPPOSITE TO CFC7A MALL	(Employer's Address)	آجر کا مکمل پتہ	3.2
FEB 2023	(Date of Joining)	تاریخ تعیناتی	3.3
CSR	(Your Last Job Title)	آخری عہدہ	3.4
CX HANDLING	(Main Duties)	اہم ذمہ داریاں	3.5
ALFRED PATE	(Name & Title of your Immediate Boss)	مجاز آفیسر کا نام اور عہدہ	3.6
48,000/-	(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)
-	CSR	ZAG GLOBAL	فروری 2023 ستمبر 2024
-	CRD	DRIVE TEC	نومبر 2019 - مارچ 2021

5-حوالہ جات (References)

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

پرہا حوالہ	کامل نام	کامل پتہ	رابطہ نمبر	آپ کے ساتھ کام کی نوعیت
5.1	ALERED PAIE	ZAG GLOBAL	0332-7500554	TEAM LEAD
5.2	زبیرا حیدر	DRIVE TEL	03173013505	HR
5.3	تیسرا حوالہ			

6-عمومی معلومات (General Information)

6.1	کیا آپ کو کوئی معذوری یا بیماری تو نہیں ہے، اگر ہاں تو تفصیل بتائیں۔ Do you suffer from any serious ailment or disability? If so, give details.	N/A
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.	N/A
6.3	آپ کے خیال میں درخواست سے متعلق کوئی ایسی معلومات جو اس فارم میں موجود نہیں آپ بتا سکتے ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application.	-
6.4	اگر ہم آپ کو اپنے 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?	IMMEDIATELY
6.5	آپ کی متوقع تنخواہ اور دیگر فوائد کی کیا امید رکھتے ہیں؟ What are your salary and benefits expectations?	60,000/-

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 have customer handling experience

درخواست گزار کا حلف نامہ

میں تصدیق کرتا کرتی ہوں کہ اوپر دی گئی تمام معلومات میرے علم اور یقین کے عین مطابق ہیں، درست اور مکمل ہیں، بعد میں کسی بھی معلومات کے غلط ہونے کی صورت میں تادیبی کارروائی کی ذمہ داری قبول کرتا کرتی ہوں۔
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.

Zaidil

امیدوار کے دستخط
(Candidate's Signature)

11-11-2024

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 FAHAD ZULFIQAR, 37405-3536189-5	
S/D/W of;	MUHAMMAD ZULFIQAR AKHTAR.	
CNIC NO:	3 7 4 0 5 3 5 3 6 1 8 9 5	
Position Applied:		
Permanent address as per CNIC:	House No:	2203
	Street #:	16
	Mohallah:	ALCAMA IQBAL COLONY
	Village:	-
	Sector/UC:	-
	Town /Tehsil:	TENCH BHADRA.
	District	RWP CANT-
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		39-B
Mohallah:		NAJAM ENCLAVE
Village:		-
Sector/UC		
Town /Tehsil:		JHANGI SYEDAN FARISAL COLONY
District		ISB.
Signature & Date:		Date of Form Filling:



Disclosure of Relationship Form

(To be filled by Candidate)

I M. FAHAD ZULFIQAR, S/D/W/O M. ZULFIQAR AKHTAR Holding CNIC
37405-3534895, Resident of H# 23 St 39-B NAJAM ENCLAVE
UC JAFANGI SYEDA, Tehsil PAISA COLONY, District
RWP cant. Candidate for the position of
SAFEP. CX. speciality officer 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:

11-11-2024

Date: