#### 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.

Safaty Wandon

صدیق ماڑی سکیولر دوڈشکار پورسندھ شکارپور، UC - 01 غازیانی ھائٹیں موسیات کراچی سندھ

Mobile) J.

B.Sc

(Office) >,

(Residence)が、

(E-mail) Los

- 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.



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2.0

2.1

صرف دفتر کی استعمال کے لئے (سی بی میں شاف کی جانب سے مجراجائے گا) (For official use only to be filled by CTC Staff)

Safety warden	س کے گئے درخواست دی گئی: (Position applied for)	عبده كانام.
***************************************	ر پر تعیاتی تربیت کی متوقع تاریخ: (سال رمهید بردن) از مهار تعدید تاریخ: (سال رمهید بردن)	
	(Expected Date of Induction Training if	selected
زاتی معلومات (Personal Information)	-1	
عمران على سمول	(Full Name) مل نام	1.1
43304-7835688-3	شاختی کاردهٔ کانمبر (:CNIC No)	1.2
	دیگر شاختی نمبر (شاختی کار ڈمیسر نہ ہونے کی صورت میں )	1.3
	(Other Identification number if CNIC is not available)	
16/01/1992	(Date of Birth (YYYY/MM/DD) (۲۲۲۲/سال معیدیون	1.4
ارخ بیدائش معلوم بین المعلوم بین المعلوم بین المحلوم بین المحلوم بین الله معلوم بین الله معلوم بین الله (Dob not (Only Year available) (Day, Month, Year Available)	ارخ پیدائش کا جائزه لیس (کسی ایک پرفشان لگاکمی) (Tick any One) (Check DOB)	1.4.1
فقير محد سمول	(Father's/Husband Name/ والدرثو براخونی رشته دار کانام Name of i.e. Next Kin)	1.5
والد	(Relationship with Applicant) امیدوار کے ساتھ دشتہ	1.6
والد غیرشا دی شده	(Marital Status) از دواتی دیشیت	
مرد	(Gender) منف	

(Tribe)
(Ethnicity)

(Language)

(Permanent Address)

(Present Address)

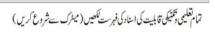
(Contact Detail)

(Last Qualification)

(District and Union Council)

# (Qualification) 2

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



گریڈرڈویژن (Grade/Division)	ا آئم مضایین (Major Subjects)	سرٹیفیکیٹ رحاصل کردہ ڈگری (Certificate/ Degree Obtained)	اواره (Institution)	リレ (Year)
"A" Grade	MATHS, CHEM, PHY	Matric	GBQHSS School	2008
"B" Grade	Maths,Phy,Chem	Intermediate	C&S College	2010
"2nd"Class	Maths,Phy,Chem	B.Sc	S.A.L.U Khairpur	2012

(Present Employment) موجوده ملازمت					
(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	زملازمت کی تفصیلات فراہم کریں زملازمت کی تفصیلات	ں بےروز گار ہیں،تو گزشة	اگرآپ فی الحال		
Imran Ali Samo	(Name of Employer)	/tb27	3.1		
Ghaziani Heights Moasmiyat Karachi east	(Employer's Address)	آجر کا مکمل پیة	3.2		
6/11/2022	(Date of Joining)	تاریخ تعیناتی	3.3		
Safety Warden	(Your Last Job Title)	آخریءبده	3.4		
Bike and Rickshaw straddling	(Main Duties)	اہم ذمہ داریاں	3.5		
Barkat Ali	(Name & Title of your Immediate Boss)	مجازآ فيسركانام اورعهد	3.6		
34,000 Rs	(Gross Monthly Pay)	مجموعی مابانه عهده (رو	3.7		

(P	ast Work Experience) بربه	4_سابقه کام کاتج	
(List all the previous jobs held by you	(List all the previous jobs held by you, starting from the earliest).		آپ کی تمام سابقه ملازمتوں کی فہرست
ا پیم فرمداریال (Main duties performed by you)	عېده آ تری عېده ډېپ ادازمت ټپوره ی (Position held by you when you left this employer)	آ جرگانام اور پیت (Employer's Name & Address)	<b>رورانی</b> دن مبینه-سال ادن مبینه-سال (From/To) (D/M/Y to D/M/Y)

## $[CTC-HRO-NI-Recruitment \& Selection-7.8.6-d-003] \\ [Locality Verification Form-Jan 2020]$

لهجات (References)	5_و			
Give details of 3 references, not related to you by blood or marriage, על אין באַל אַבַילַ בְּיב פוֹפּבׁיאַנַ.	ب کے کی خونی یا شادی سے جڑے دشتہ سے نہ ہو، بلکہ جو آپ کے ک	دیں،جن کا تعلق آب	نين(٣)حواله جات	آپگمازگم:
Ishrat Ali	(Full Name)	مکمل نام	پېلاحواله	5.1
Mohallah Hyderi Circular Road Shikarpur	(Full Address)	مكمل بية	First	
+923024220807	(Contact Number)	رابطنمبر	Referee	
Colleague	(Nature of association with you)	آپ کے ساتھ		
Ahsan Ali	(Full Address)	مکمل نام		
Mohallah Hyderi Circular Road Shikarpur	(Full Address)	مكمل يبة	دوسرا حواله	5.2
+923362822899	(Contact Number)	رابطنمبر	Second	
Neighbour	(Nature of association with you)	آپ کے سا	Referee	
Jhangeer Ali	(Full Name)	ىكىل نام		
Memon Mohallah Wagno Gate Shikarpur	(Full Address)	مکمل بینه	تيسرا حواله	5.3
+923337277895	(Contact Number)	رابطنمبر	Third Referee	
Colleague	(Nature of association فريح كام كي نوعيت with you)	آپ کے سا		

(General Inform	(General Information) عمومي معلومات					
No	6 . 1 کیا آپ کوکوئی معذوری با بیاری تونہیں ہے، اگر ہاں تو تفصیل بتا ئیں Do you suffer from any serious ailment or disability? If so, give details.					
No	6.2 کیا آپ بھی کسی کام کے سلسے میں مجرم تو قرار نہیں پائے ، اگر ہاں تو تفصیل بتا ئیں Have you ever been tried or convicted for nay crime? If so, give full details.					
N/A	6.3 آپ کے خیال میں درخواست مے متعلق کوئی ایسی معلومات جواس فارم میں موجود نیس آپ بمیں بتا کیے سکتی ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application					
08	? اگرہم آپ کو ہے ادارے میں کام کرنے کے لئے بلا کیں ،آپ کتنے عرصہ میں ہمارے ساتھ کام کر سکتے ہیں؟ If an offer is made to you, how soon can you join to us?					
55 thousand +	6.5 آپ کی متوقع تخواه اور دیگر فوائد کی کیاا میدر کھتے ہیں؟					

## (Suitability to the Position) عبده کی موزونیت

(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؟

Because I have good skills of convincing the customers and I handle and resolve the issues & make people safe and secure.

	درخواست گزار کا حلف نامه
_	ن ن تصدیق کرتارکرتی ہوں کداو پردی گئی تمام معلومات میر علم اور لیقین کے عین مطالق کچی ، درست اور کمل میں ، بعد میں کسی بھی معلومات کے غلط ہونے کی صورت میں تا دہجی کا روائی کی ذمہ داری قبول کرتا رکرتی 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 كروتوا (Dau (Candidate's Signature) (Candidate's Signature)



# 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:	Imran Aui Samo														
S/D/W of;	Fa	peer I	Muha	mm	ad S	amo									
CNIC NO:		4	3	3	0	4	7	8	3	5	6	8	8	3	]
Position Applied:	Sa	fety '	Ward	de∩											
Permanent address as per CNIC:			se N		6	/63									
		Vice	nalla age: tor/U	3.52	О	ydri I	Moho	allah	Shir	karpu	יר				
		Ton		ehsil	_	hikar hikar									
Current Residential															_
Address:			se N	0:	#	501									
		Stre													_
(Kindly don't fill this		Moh	nacca	h:	-										
section if permanent		Vice			-										
and residential			tor/U												_
addresses are same)		Ton	ın /T	ehsiu	_	chem		eas	t Kar	achi					
		Dist	rict		K	arach	Νİ								
Signature & Date:	Da	te of	Forn	1 Fill	ing:ċ	23/12/	/202	3	Sign	ature	of A	Αρριί	cant:	And	<u></u>

## 039 - Employee Bank information form (I)

Bank A	Account Information					
Name of Employee	Imran Ati Samo					
Designation	Safety Warden					
Union Council / Area	UC-OI (Shikarpur)					
District / Agency	Shikarpur					
Contact No.	03341332229					
CNIC No.	43304-7835688-3					
Bank Account Title	Imran Aui Samo					
Валк Name	мсв					
Bank Address	South Circular Avenue Defence Phase II Karachi					
Bank Branch Code	0061					
Bank Account Number (With IBAN)	1450422481009499					
*						
I will be responsible for the results occurring due to ar Chip Training and Consulting Pvt. Ltd for any dues/fun	ny mistake/error in the above information and there will be no liability on add payable to me.					
and						
Employee Signature (Mandatory)	Employee Thumb Impression (Mandatory)					
Dated:22/12/2023						
Note:						



## **Disclosure of Relationship Form**

CONSULTING		(To be filled	l by Candidate)			
43304-7835688-3. TehsilShik ofSafety	, Res arpur y Warden	ident of , District with C	Faqeer Muham Shikarpur .Shikarpur .HIP Training & C reby declare as un	Candi Consulting	UC01date for the posi	, ition
sister, husband, brother/father/r standard definiti district or PTPP of 2. That, if so my employment WHO to CTC at	wife, spouse, nother/sisteron of "blood, or CTC officed lected for thing any of my the earliest.	children, mat law or any of close relation is in the same p is position, I so above said re	ns which may includernal and paternal other relationship " is employed urprovince where I all hall be bound to lationship if the second contioned in a centioned below:	al uncle, a which conder PTPP am candid declare - co ame joins	nunt, niece, neploud come into Project in the state for this posiduring the course PTPP, CTC or/	the ame tion. se of
Name	Designation	Organization	Province/Distric t	UC	Relationship	
<b>Declaration</b> ; I do	2	•	d declare that the sealed therein.	informatio	on provided abo	ve is
					Signature:	
					 Date:	_

# $[CTC-HRO-NI-Recruitment \& Selection-7.8.6-d-003] \\ [Locality Verification Form-Jan 2020]$



1.

2.

3.4.

#### **DECLARATION FORM**

#### (TO BE FILLED BY THE EMPLOYEE)

Muhamma Shikarpur Sa	Shikarpur fety Warden	, holding UC , Distr	CNIC43304-  rictShikarp	7835688-3 01 our	,S/D/W/O Resident o	Tehsil reposition of
of regular That, I am business r I shall be If found n be liable t	studies and that n not employed begistered in my bound to declare making a false of o instant dismis	t currently I am by any government name nor am ac e - during the co misleading sta sal, without ben	not taking any re ent department or ctive partner in fa ourse of my emplo tement when app	gular classes. private organizamily business. pyment – any of lying for this poy	which comes undentions neither have the above mention sition with the colored or misreprese	e I any private ned scenarios.
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
Declarati	on: I do her d nothing has be			that the informa	tion provided abo	ve is true and
					Signature	
				_ I	Date:	



## Board of Intermediate and Secondary Education Larkana, Sindh





Certificate No. SS. 179231

GROUP ; SCIENCE **ROLL NO: 63723** 

#### SECONDARY SCHOOL CERTIFICATE EXAMINATION.

#### **ANNUAL EXAMINATION 2008**

This is to certify that

#### IMRAN ALI S/O / D/O FAQEER MUHAMMED SAMO

a student of District SHIKARPUR

142. GOVT. QAZI HABIBULLAH HIGH SCHOOL SHIKARPUR

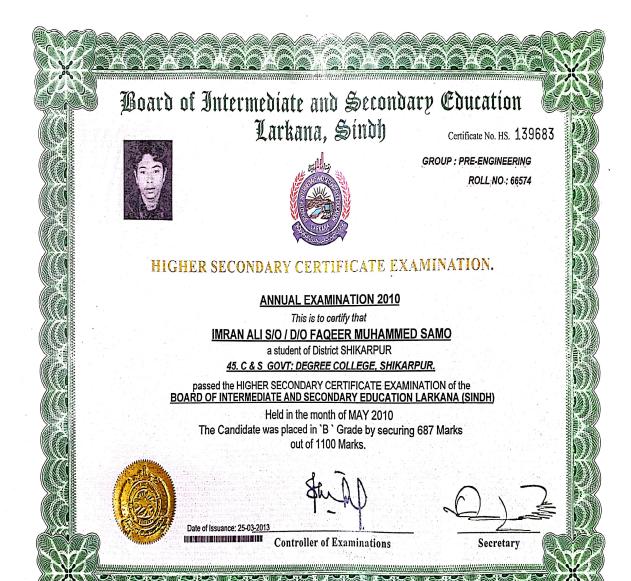
passed the SECONDARY SCHOOL CERTIFICATE EXAMINATION of the BOARD OF INTERMEDIATE AND SECONDARY EDUCATION LARKANA (SINDH)

Held in the month of APRIL 2008
The Candidate was placed in `A` Grade by securing 606 Marks out of 850 Marks.

Date of Birth as recorded in the Admission Form is (16-01-1992) Sixteenth January Nineteen Hundred Ninety Two;

Controller of Examinations

Secretary



## SHAH ABDUL LATIF UNIVERSITY

## KHAIRPUR, SINDH, PAKISTAN

Certificate No. F.AB

057440



CLASSIFICATION

60% and above 45% to 59% First Second Third 33% to 44%

#### **MARKS CERTIFICATE**

B.Sc (Pass) (Part-II) Certificate showing the Marks secured by

Mr./Miss

Imran Ali

S/o / D/o.

Faqeer Muhammad Samo

Seat No.

40140

Annual Examination.

2012

held in the month of

January-2013

	Maximum	Passing	Obtained	
	100	33	48	
	100	33	55	
	50	16	25	
	100	33	62	
	50	16	43	
	100	33	76	
	50	16	40	
	100	33	49	
	50	16	40	
	150	49	100	
	150	49	81	THE RESERVE
	1000		619	
Part-I:	750		405	
Grand Total:	1750	1.11	1024	Second
	너 연기가 있다면 없는 게임하였다.	100 100 50 100 50 100 50 100 50 150 150	100 33 100 33 50 16 100 33 50 16 100 33 50 16 100 33 50 16 150 49 150 49 150 49	Maximum         Passing         Obtained           100         33         48           100         33         55           50         16         25           100         33         62           50         16         43           100         33         76           50         16         40           100         33         49           50         16         40           150         49         100           150         49         81           1000         619           Part-I:         750         405

Controller of Examinations

Note: The University reserves the right of issuing any correction in the result, if any mistake is detected later on.