

Application for Employment with CTC



Instructions

- Read the whole form carefully before writing the answers.
- The form of this form is filled up by the applicant's own hand.
- Attach a recent color photograph of the applicant on the form of CV and CNP, with a size of 2.5 x 3.5 cm.
- Do not write anything on the form after the date of the examination.
- The form of this form is filled up by the applicant's own hand.
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(The form is only to be filled by CTC with the following details)

SAFETY WARDEN (Job title) (Job title in Urdu) سیکیورٹی وائڈنگ  
 (Special title, if any) (Special title, if any, in Urdu) سیکیورٹی وائڈنگ

(Personal details) (شخصی معلومات)	
<u>WAHED UR REHMAN</u>	Full Name (پورا نام) 1.1
<u>48201-4702555-5</u>	ID No. (آئی ڈی نمبر) 1.2
- - -	(Date of Birth) (تاریخ پیدائش) 1.3
<u>27-11-1984</u>	(Date of Birth) (تاریخ پیدائش) 1.4
<u>Yes</u> (DOB available) (تاریخ پیدائش دستیاب ہے)	(DOB available) (تاریخ پیدائش دستیاب ہے) 1.4.1
<u>ABDUL HAMEED</u>	(Father's/ Husband's Name) (پدری نام/ شوہر کا نام) 1.5
<u>FATHER</u>	(Relationship with Applicant) (رشتہ) 1.6
<u>UN-MARRIED</u>	(Marital Status) (تہنہ) 1.7
<u>MALE</u>	(Gender) (جنس)
<u>RAZI KHEL</u>	(Tribal) (قبیلہ) 1.7
<u>HAJEM KAI</u>	(Ethnicity) (قومیت)
<u>PASHTO</u>	(Language) (زبان)
<u>House II's Mahallah A.B. Senia line</u> <u>near BAZOOK 2/4 KHI.</u>	(Permanent Address) (مقامی پتہ) 1.8
<u>KARACHI SENON</u>	(District and Tribal Council) (ضلع اور قبائلی کونسل)
<u>House II's Mahallah A.B. Senia line</u> <u>near BAZOOK 2/4 KHI.</u>	(Present Address) (موجودہ پتہ) 1.9
<u>0314-2523729</u>	(Contact Detail) (تواصل کی تفصیلات) 2.0
<u>INTERMEDIATE</u>	(Qualification) (تعلیمی قابلیت) 2.1

Handwritten header text, possibly a date or reference number.

Year	Month	Day	Event	Amount	Balance
2007	July	15	...	...	...
2007	July	20	...	...	...
2007	July	25	...	...	...

Year	Month	Day	Event	Amount	Balance
2007	August	1	...	...	...
2007	August	5	...	...	...
2007	August	10	...	...	...

Year	Month	Day	Event	Amount	Balance
2007	August	15	...	...	...
2007	August	20	...	...	...
2007	August	25	...	...	...

Year	Month	Day	Event	Amount	Balance
2007	September	1	...	...	...
2007	September	5	...	...	...
2007	September	10	...	...	...

PROBLEM SET 5

Problem	Points	Graded	Score
1. <u>Energy of a diatomic molecule</u>	15	✓	15
2. <u>Rotational energy levels</u>	15	✓	15
3. <u>Ground state energy</u>	15	✓	15
4. <u>Excited states</u>	15	✓	15
5. <u>Transition probabilities</u>	15	✓	15
6. <u>Selection rules</u>	15	✓	15
7. <u>Spontaneous emission</u>	15	✓	15
8. <u>Stimulated emission</u>	15	✓	15
9. <u>Laser action</u>	15	✓	15
10. <u>Population inversion</u>	15	✓	15
11. <u>Spontaneous decay</u>	15	✓	15
12. <u>Spontaneous emission rate</u>	15	✓	15
13. <u>Spontaneous emission rate</u>	15	✓	15
14. <u>Spontaneous emission rate</u>	15	✓	15
15. <u>Spontaneous emission rate</u>	15	✓	15

PROBLEM SET 6

Problem	Points	Graded	Score
1. <u>Wave function</u>	15	✓	15
2. <u>Probability density</u>	15	✓	15
3. <u>Expectation values</u>	15	✓	15
4. <u>Normalization</u>	15	✓	15
5. <u>Uncertainty principle</u>	15	✓	15
6. <u>Ground state energy</u>	15	✓	15
7. <u>Excited states</u>	15	✓	15
8. <u>Transition probabilities</u>	15	✓	15
9. <u>Selection rules</u>	15	✓	15
10. <u>Spontaneous emission</u>	15	✓	15
11. <u>Stimulated emission</u>	15	✓	15
12. <u>Laser action</u>	15	✓	15
13. <u>Population inversion</u>	15	✓	15
14. <u>Spontaneous decay</u>	15	✓	15
15. <u>Spontaneous emission rate</u>	15	✓	15

Because I have a strong preference for detail oriented  
 problem solving, I will be awarding bonus points for  
 the clarity of answers.

Handwritten notes

Graded  
 Score  
 Date



CNP Training & Consulting, P.O. Box 174  
 Dickinson North Dakota 58601  
 This form is owned by Candidate.

Name of Candidate as per CNP WILHELM RICHARD	Candidate's Address 443 1st St Bismarck ND 58501
CNP No 19180207086655	
Training Applied YES	
Permanent address as per CNP Name: <u>WILHELM RICHARD</u> State: <u>ND</u> Zip: <u>58501</u> Address: <u>443 1st St</u> City: <u>Bismarck</u> County: <u>Burke</u> District: <u>1</u>	
Current Residential Address Name: <u>WILHELM RICHARD</u> State: <u>ND</u> Zip: <u>58501</u> Address: <u>443 1st St</u> City: <u>Bismarck</u> County: <u>Burke</u> District: <u>1</u>	
Signature & Date 24-12-20	Date of Form Filing Signature of Applicant 



MANAGEMENT  
 SYSTEMS

**DECLARATION FORM**

**TO BE FILLED BY THE EMPLOYEE**

I, WILLIAM H. HARRIS of SIXTH Department of Defense Washington, DC under the authority of 48 CFR 101-11.6 hereby certify that I am not a foreign national or foreign national who is prohibited from performing the duties of the position of Special Agent with the GSA because of my status as a foreign national.

- I understand and agree that my employment is for a period of one year and that my employment is for a period of one year and that my employment is for a period of one year.
- I understand and agree that my employment is for a period of one year and that my employment is for a period of one year and that my employment is for a period of one year.
- I understand and agree that my employment is for a period of one year and that my employment is for a period of one year and that my employment is for a period of one year.
- I understand and agree that my employment is for a period of one year and that my employment is for a period of one year and that my employment is for a period of one year.

The following are the facts of my employment with the GSA:

Name	Organization	Position	Grade	Pay Grade	Start Date	End Date
WILLIAM H. HARRIS	SIXTH DEPARTMENT OF DEFENSE	SPECIAL AGENT	GS-11	GS-11	12/1/83	11/30/84

**Declaration:** To certify accuracy of this information, I declare under penalty of perjury that I am not a foreign national or foreign national who is prohibited from performing the duties of the position of Special Agent with the GSA.

William H. Harris  
 Special Agent  
 Date: 12/1/83



**Department of Information Technology**  
To be filled by Candidate

I, David M. Peltzer, a resident of Montana, hereby certify that I am a resident of the State of Montana, and I am a resident of the County of Yellowstone, and I am a resident of the City of Bozeman, and I am a resident of the Precinct of Bozeman, and I am a resident of the District of Bozeman, and I am a resident of the State of Montana, and I am a resident of the County of Yellowstone, and I am a resident of the City of Bozeman, and I am a resident of the Precinct of Bozeman, and I am a resident of the District of Bozeman, and I am a resident of the State of Montana.

1. This copy of my signed voter statement which may include my address, party, and other information, will be used to determine my eligibility to vote in the general election for the office of State Representative in the year 2012. I understand that this information will be used for the purpose of determining my eligibility to vote in the general election for the office of State Representative in the year 2012. I understand that this information will be used for the purpose of determining my eligibility to vote in the general election for the office of State Representative in the year 2012. I understand that this information will be used for the purpose of determining my eligibility to vote in the general election for the office of State Representative in the year 2012.
2. I have read and understand the contents of this statement and I understand that this information will be used for the purpose of determining my eligibility to vote in the general election for the office of State Representative in the year 2012.
3. I understand that this information will be used for the purpose of determining my eligibility to vote in the general election for the office of State Representative in the year 2012.

Name	Registration	Signature	Party	Address	City	State

The undersigned hereby certifies that the information provided above is true and correct and nothing has been concealed therefrom.

Signature  
  
Date: 8/11/11





Bank Account Information

Name of institution	WELLS FARGO BANK
Address	211 E. WASHINGTON
City and State	WASH DC
Branch Name	WELLS FARGO
Account No.	0314 8888 788
Dep. No.	112004 430 8888 8

Name of owner	WALTER R. RYAN
Date of birth	11/21/1940
Bank address	112004 430 8888 8
Bank service code	0
Bank identification number	210615388900709

I certify that the information furnished on this form is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (31 CFR 101.116).

*[Signature]*  
 Signature of preparer  
 (If not preparer)

Financial Institution  
 (If not preparer)

Date: 11-18-23

Note: Preparation and filing of this return is mandatory for all individuals with reportable income.



# The City Grammar School

2001/02 - 2002/03

Page 1 of 2

File No. 802

Roll No. 502525

## Professional & Character Certificate

Date 8-11-2009

This is to certify that Yashraj Vikram  
son/daughter of Shri. Vikram

has been declared successful securing D grade in the Secondary School Certificate  
Examination (Science / General Group) Annual / Sigtel 2009 of The Board of Secondary

Education, Karnataka on a regular tradition of this school and he/she offered the following subjects

(A) Compulsory Subjects

1. Hindi / Sanskrit
2. Political Science
3. English I & II
4. Life / Natural
5. Education

(B) Elective Subjects

1. Computer
2. Art
3. Music
4. Physical Education
5. Practical

This / Her date of birth as recorded in this school is in figures 02-11-1989

(in words) Two days after November two thousand nine hundred and eighty nine

To the best of my knowledge and belief he / she bears a good moral character.

Incharge

*[Signature]*  
Principal  
The City Grammar School  
Main Road, Kuvempur

Receipt \_\_\_\_\_



# AL-HADI EDUCATIONAL INSTITUTE



S. No. 000125

This is to certify that Muhammad Wajid-ur-Rehman Sh./Q/A Sh./Q/A Abdul Hanneed successfully completed the following course 1st as prescribed by the Head Office

Name: Muhammad Wajid Computer Literacy Programme

Received: \_\_\_\_\_ Window Xp, MS Office 2003 & Internet

Issued on: 8/10/2005 Completed on: 11/10/2005

Signature: Muhammad Wajid 28<sup>th</sup> Day of \_\_\_\_\_ November 2005

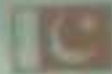
[Signature]  
Instructor

[Signature]  
Managing Trustee

Head Office:  
E-39, Survey No. 23A,  
Nawab汗anabad, Masjid  
& Madani Academics,  
Jaffar-e-Tayyar Society,  
Madr. Karachi.  
Tel: 4516782-4516392



**PAKISTAN** National Identity Card



Name  
Wahed Ur Rehman



Father's Name  
Abdul Hameed

Gender  
M

Country of Birth  
Pakistan

Identity Number  
42201-4702555-5

Date of Birth  
27.11.1984

Date of Issue  
28.09.2020

Date of Expiry  
28.09.2030



سولہویں سیکشن نمبر 113، عمارت ای سی بی سیکورٹی فورسز کت  
113، گڑھی شرقی

42201-4702555-5



سولہویں سیکشن نمبر 113، عمارت ای سی بی سیکورٹی فورسز کت  
113، گڑھی شرقی

108571470811

Women 4. Women  
Registrar General of Pakistan

گمشدہ کارڈ ملنے پر قریبی ایئر بکس میں ڈال دیں