Application for Employment with CTC

Instructions

Read the whole form carefully before starting to fill it in.

gmail-com

- 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.



رودم ناسمال عدر ناسمال عدر المناف كا جانب عراجات كا (For official use only to be filled by CTC Staff) عبده کام حس کے لئے دوخواست دی گی: (Position applied for) متني بونے برتعينا لي تربيت كي متوقع تاريخ: (سال دمبيدرون) (Expected Date of Induction Training if selected) (Personal Information) علومات (Full Name) ممل نام 1.1 شاختی کارڈ کانمبر (:CNIC No) 1.2 دیکرشاختی نمبر (شاختی کارؤمیسرند ہونے کی صورت میں) 1.3 (Other Identification number if CNIC is not available) (Date of Birth تاريخ پيدائش (سال مبيندرون) 1.4 29-05-1996 (YYYY/MM/DD) ون ، مبينه سال معلوم بي (كى ايك پرنشان لگائي) تارخ پيدائش كاجائزوليس 1.4.1 (Day, Month, (Tick any One) (Check DOB) (DOB not (Only Year available) (Father's/Husband Name/ والدرشو بررخوني رشته داركانام 1.5 Name of i.e. Next Kin) اميدواركي ماتحد شنة (Relationship with Applicant) 1.6 (Marital Status) ازدواتي حيثيت (Gender) 1.7 (Tribe) قبيله (Ethnicity) زبان (Language) تمل پة (Permanent Address) 1.8 ضلع ايونين كأسل (District and Union Council) 2,179.5 (Present Address) 1.9 (Contact Detail) رابط كاتفعيل 2.0 آخرى تعليى مند (Last Qualification) 2.1

(Qualification) عليي قابليت

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

لام تليي وحميل قابليت كي اساد كي فيرست تكسيس (ميلوك عيرون كري)

ر فرادیزن (Grade/Division)	ایم مفایمن (Major Subjects)	ريمي رواري (Certificate/ Degree Obtained)	ازارد (Institution)	بال (Year)
2 not clivison		Refrigeration Air conditioned Arctic	UT i	2015
	ARCTIC	ARCHICLESTE	BRIVATE	

(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	ب بدوزگارین، تو گزشته لازمت کی تضیلات فراجم کریں	أكرآب في الحا
محمداليم الرمزاكم	(Name of Employer) Ct/21	3.1
سُرِولْفُسْمِ عُلُونِي مُكُرِينَ لِي خَاسُولَ وَوَجُمَالُمَانَ	(Employer's Address) = جريم مملية	3.2
1) 12 1 1 2 1 2 2 1 2 1 2 1 2 1 2 1 2 1	(Date of Joining) تاریخ تعیماتی	3.3
CAN LOCA	(Your Last Job Title) آڅري مېده	3.4
Safty Wazaan	(Main Duties) ايم ذميداريال	3.5
Bike & Straddling	(Name & Title of your المركام الورعبدو المسلطان المسلطان المركام المر	3.6
34000/ RS	(Gross Monthly Pay)	3.7

(List all the previous jobs held by you,	tarting from the earliest).	برست کی تفصیل ، آخری ملازمت سے شروع کریں	آپ کی تمام مابته مازمتوں کی ف
ایم ذمیداریال (Main duties performed by you)	همده آخری مهدوجب طادمت تجویزی (Position held by you when you left this employer)	اکریز (Employer's Name & Address)	ووراني ن-ميشدمال5ون دميشدمال (From/To) (D/M/Y to D/M/Y)
order Booker	2016	2 Year Meclison compry Sales corre	2014 TO
Supervisor	7018	2 year as a	2018
office Assistant	2022	by year as a office.	2018 T

	5-حواله جات (erences		1 1 2 2 1	5.5
ive details of 3 references, not related to you by blood or marriage, tho can vouch for your character and work experience	الم كردارادركام كرار عدداف	ورا معنوب المعالمة المعادية والمعادية والمعادي	اعن(۲) والواشد	A
		(Full Name) مل الم	مبلاحواله	5.1
() (w/ ()) start ()		(Full Address)	First	
لسس إنه كلون عبر له خالبول مكنو	The party of the second	Acceptable designation of the contract and their contract and the contract	Referee	
0307 6178061		(Contact Number) (Nature of association آپ کے ساتھ کام کی توجیت		
Neighborhood	., .	- Kildi Jaki		
فالأ	Y CULD 18	(Full Address)	נתופונ	5.2
كليا (11) عليان	57	(Full Address) على يخ	Second	٠.٠
0319-7375862		(Contact Number)	Referee	
colloque		(Nature of association آپ کے ساتھ کا م کی توجیت with you)	-	1717
0	1, 2	(Full Name) ctula	_	
[] c//w// 6 2 2 2 1 1 1 1 1	25/20	(Full Address)	تيرا حاله	5.3
ير الركالوني لرز فواح فريو بسيبال ملما	8 320016		Third Referee	
0306-7736774		(Contact Number) رابط مم (Nature of association آپ کے ماتھ کام کی توعیت	Keieree	
co.lla que		with you)		
(General Informa	عموی معلومات (tion	6		
	T	ى يا يارى تونېيى ب، اكر بال تنفيل بتائي	يا آپ کوکو کی معذور	6.1
No	Do you suffer from any :	ilment or disability? If so, give details,		
1		ا المسلط میں بحرم او تر ارٹیس پائے ،اگر ہال از تفصیل بتا تیس کے سلط میں بحرم او تر ارٹیس پائے ،اگر ہال از تفصیل بتا تیس or convicted for nay crime? If so, give full detail	يا آپ جمي ڪئي کام ۔	6.2
No	Have you ever been tried	or convicted for nay crime? If so, give full details	5 13/	16.
1.00	ين آپ مين بناسكة رعتي مين -	واست سے متعلق کو گیا ایک معلوبات جواس فارم میں موجودہ on not covered by this form which in your opinio	n is relevant	10.
$A \mid \mathcal{U}$	to seem application			
	ارے ماتھ کام کر علتے ہیں؟	ادے بیں کام کرنے کے لئے بائیں،آپ کتے حرمہ میں ہ	اگرہم آپ کو پنے اد	6.4
c/w15	If an offer is made to you,	how soon can you join to us?		
		ويحرفوا كدكى كياميدر كحتي بن؟	پ کی متو قع تنخوا واور	6 ،
50,000/- RS	What are your salary and	benefits expectations?		
(Suitability to the Posit	- عهده ل موزونیت (tion		(* * 1 *	
	have applied for).	ماس عبدہ کے لئے زیادہ موزوں ہیں؟	خيال مين آپ ليوز	پے
Briefly explain why you consider yourself suitable for the position you				
	sility to	solve the a		
Belause & howe Al	oility to			4
Belause & howe Al	of fridic	int to highlig	ht m	7
Belause & howe Al	of fridic	int to highlig	ht m	ار ارپو
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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:	M. ABRAR NADEEM		
S/D/W of;			
CNIC NO:	3630227669059		
Position Applied:	Safeti Waldon		
Permanent address as per CNIC:	House No: HOUSE # 86 95/8 F		
1	Street #:		
	Mohallah: New NaVshband colony		
and the state of t	Village:		
	Sector/UC: VC - 10		
	Town / Tehsil: MUDEAN		
	District		
Current Residential Address:	House No: 95/8F		
(Kindly don't fill this	Street# 8C		
section if permanent and residential addresses are	Mohallah: New NagyShband colony		
same)	Village:		
	Sector/UC UC- 10		
	Town/Tehsil: Multan		
	District Mul-lan Signature of Applicant:		
Signature & Date:	Date of Form Paris		
	20/12/2023 HBRAR.		



Disclosure of Relationship Form

(To be filled by Candidate) NADEEM
36302-276695-9, Resident of New No. Schland colony Khanewal Root, Multan
Multan Candidate for the position of Safety Walden with CHIP Training & Consulting (Pvt.) Ltd. under its
third party contract for PTPP project, do hereby declare as under:
 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. 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. The following blood/close relations (as mentioned in article 01 above) are employed
The following blood/close relations (as mentioned in article of upon)

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:
	Relationship

Name	Designation	Organization	Province/Distric	UC	Relationship
			t		
	/		1		/
	'				

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

Signature:

BRAP (, Date: 20/12/2023



DECLARATION FORM

CONSULTING	(TO BE FILLED BY THE EMPLOYEE)
I ABRAR CNIC 3630	(TO BE FILLED BY THE EMPLOYEE) NADE M. S/D/W/O MUHAMMAD NADE Molding NADE M. S/D/W/O MUHAMMAD NADE MOLUC NACISH BANG COLARY MOLUC Tehsil Multan District Multan Employee for District Multan Employee for Safety Was dan With CHIP Training & Consulting (Pvt) Ltd under its third PTPP Project, do hereby declare as under:
party contract for	PTPP Project, do hereby declare as under:
That I have not	enrolled myself in any program in any college/university which comes under the category

1. That, I have not enrolled myself in any program in any college/university which comes und 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	Working as employee with (Govt/Private)	Department/ Organization name	Private business, if any	Any other par time job
Sale ha	/	/			
- 15					/

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

Date: 20 | 12 | 23



Bank Account Information				
Name of Employee	ABRAR NADEEM.			
Designation	Safety Wardon			
Union Council / Area	uc/m cmultan)			
District / Agency	Multan			
Contact No.	0303-6913432-0305-2655802			
CNIC No.	36302-2766905-9			

1	
Bank Account Title	MUHAMMAD ABRAR NADEEM
Bank Name	MCB cimited
Bank Address	NAWA SHAR Multan
Bank Branch Code	8051
Bank Account Number (With IBAN)	1448545751001763

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: 20 12 2023

Employee will provide the bank account maintenance certificate with this letter for

next salary processing.



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	ABRAR NADEEM
Position appointed to	Safety wooden
Department and/or Location of appointment	Multan Petroleum Service
CNIC#	36302-2766905-9
CNIC Expiry Date	13-03-2033
Date of Joining	23 MBY, 2022
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	



54312

PAKISTAN

National Identity Card



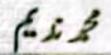
ISLAMIC REPUBLIC OF PAKISTAN

Name Muhammad Ibrar Nadeem



(-11/12)

Father Name Muhammad Nadeem



Country of Stay Gender

Pakistan M

Identity Number 36302-2766905-9

Date of Issue 13.03.2023 **Date of Birth** 29.05.1996

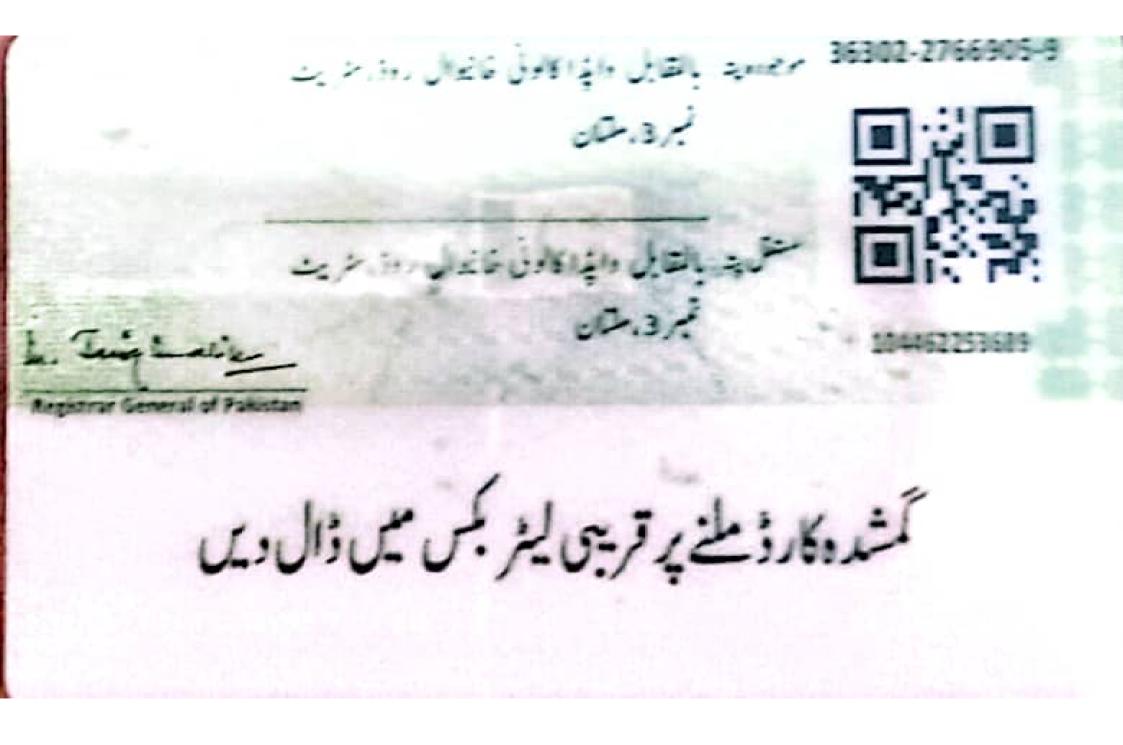
Date of Expiry 13.03.2033





Holder's Signature









Government of the Punjab

Certified that	(Established under Act VIII of 1998) Muhammad Ibrar Nadeem		(6-2)
CNIC #	36302-2766905-9		
son / daughter of Mr_	36302-2766905-9 Muhammad Nadeem		
student of	Voc	ational Training Institute Multar	n
has successfully comp from	pleted12001 17 March 2014	hours programme of instruct to(xamination and he / she has b	tions and practical raining 12 Months)
in	C	thereof he / she is awarde ERTIFICATE & Air Conditioning (Creative)	edtrade
	at Lahore on	14 May 2015	
Perform Weld	ng	ne he / she acquired compe Perform Bench Work Repair Air Conditioners	

Manager Examination & Certification



Chairman

Under Section 23-Pakistan Citizenship Rules

No. MUL-10-2017-3460 Dated: 22-10-2017

APPENDIX-XIV

FORM 'P-1'

The Pakistan Citizenship Act, 1951(II OF 1951) and the rules made there under or (vide rule 23)

CERTIFICATE OF DOMICILE

Whereas MUHAMMAD IBRAH	R NADEEM S/O MUHAMMAD NAD	EEM
respect to himself / herself the parti	cate of domicile under the Pakistan Citizenship Act. 195 culars setout below and has satisfied the undersigned that rant of a Certificate of Domicile are fulfilled in the said	1 (II of 1951), alleging with
	he powers conferred by the said Act and the rules made the	here under, the undersigned
hereby grants to the said MUHAN	MMAD IBRAR NADEEM	this Certificate of Domicile.
In Witness whereof, I have hereto so	subscribed my name this day of 22-10-2017 and Do	micile No is MUL-10-2017-3460.
	for Deputy C	ommissioner,
	Mu	ltan
	FULL PARTICULARS RELATING TO THE APPI	ICANT
Full Name MUHAMMAD		
10.00	DIBRAR NADEEM	
S/O <u>MUHAMMAD</u>		
Address in Pakistan OPP. WAPI	DA CLY, KHANEWAL ROAD, ST.NO.3, MULTAN	
Place of Domicile MULTAN		
(Domicile) Tehsil Multan City	District Multan	Prov/Admn:PUNJAR .
Date of Arrival in Place of Domici	le 29-5-1396	
Married/Single/Widow/Widower	Single	
Name of Wife or Husband	N/A	
Name of Children and their Ages	N/A	
THE PARTY OF THE PARTY.		in the second
Trade or Occupation	JOBLESS	Y TRANSPORT
Mark of Identification	NOTE ON RIGHT CHEEK	
	for Deputy Co	mmissioner.
		1

MULTAN CITY Roll No. : 82-193-171 Tehsil Willell Examination Committee Result Card 50 **Grade VIII Examination 2010** MUHAMMAD IBRAR NADEEM Student Name **MUHAMMAD NADEEM** Father's Name: 29-5-1996 (Twenty Nineth May one thousand nine hundred & ninety six) Date of Birth appeared in Grade-VIII Examination 2010 as a regular candidate from GHS MC RASHEED ABAD MULTAN Grade Adjusted Score **Total Marks** Marks Obtained Subject 67 English 100 A 81 100 53 Urdu 51 D 100 81 68 B Islamiyat 100 69 60 Mathematics 100 59 56 A General Science 72 64 100 Social Studies 100 66 Arabic 100 60 Elective PASS 800 570 Total Note: Marks obtained means the total score achived by the student in the subject. The detail of Grades shows that student falls in the group of students as A: Top 20%, B: Below Top 20%; C: Middle 20%, D: Above lowest 20%, E: Lowest 20%. Result Card is issued provisionally. Errors and omissions will be accepted. This Result Card is free of cost and supported by UNICEF. Operation Manager