

Revision Date: 00

Title: Application for Employment

Revision # 00

Annexure D: Application for Employment with CTC

Chip Training & Consulting (Pvt) Ltd Application for Employment

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.

If space provided in the form for any particular information is inadequate,

Please attach additional sheets.

If any information given in this form is subsequently found to be incorrect, it will be construed as a gross misconduct, liable to be punished by instant dismissal and other disciplinary action as may be appropriate to the nature of misstatement.

Position applied for:

Office Assistant.

		1. PERSONAL INFORMATION
1.1	Full Name	M. Katiarve
1.2	NIC No.	13302-9909784-9.
1.3	Date of Birth	24-02-1982
1.4	Father's Name	Atta Milanurad.
	Marital Status	Married
1.5	Spouse or next of Kin	
	No. of Children	Hive.
1.6	Permanent	Village Kalali Dist. Hampur.
1.0	Address	U .
1.7	Present	vinage kalali Dist Hariper.
	Residential address	
1.8	Phone Numbers	0333 5644838,
1.9	E-mail address	Mulanuma dRafione Awan 82 @ Amail. com
	<u> </u>	

	2.Bank Details
Account Title (Name of Ac Holder)	Mulammad Ratione.
Account No.	PK64 SCBL 0000 0017 1620 3701
Bank Name	Standard Chartered (0002)
& Branch	



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· ;		3. QUALIFICA	TIONS	
	List all your academic a	nd technical qualifications, start	ting with the school certificate (Matriculati	on)
Year	Institution	Cert. / Degree obtained	Main Subjects	Grade / Div.
	Govt School	Modric in science	Ply, chem, Bio.	2nd.
1999	*	science.	V	
2001				
2006				
2011			a to the contract of the contract of	

	4. PRESENT EMPLOYMENT				
	Give details of your present employment.				
	If you are currently u	nemployed, give these details in respect of the last employment held by you.			
4.1	Name of the Employer	thances HM & Chancery			
4.2	Employer's	TUB			
	Address				
4.3	Date of Joining	2003.			
4.4	Your Last Job Title				
	Main	Cashier			
4.5	Duties				
4.6	Name & Title of your	Cashier			
	immediate boss	CAS (C)			
4.7	Gross Monthly Pay	250001-			

5. PAST WORK EXPERIENC	E	3
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From/ To	Employer's Name & Address	chateauro al	4 years	as	House Reeping
		Guest House			Superisor.

		5. R	REFEREES	
Give details of three referees, not related to you by blood or marriage, who can vouch for your character and work experience				
	First	Name	M. Fareed.	
		Address	M. Fareed. Haripur.	
5.1	Referee	Contact Phone No.	03458114140.	
		Nature of association with you.	0345\$114140. Rast Colleage.	
	Second Referee	Name		
		Address		
5.2		Contact Phone No.		
		Nature of association with		
		you.		
	Third Referee	Name		
5.3		Address		
		Contact Phone No.		
		Nature of association with		
		you.		

	6. GI	ENERAL INFORMATION
6.1	Do you suffer from any serious ailment, or disability? If so, give details.	NO,
6.2	Have you ever been tried or convicted for any crime? If so, give full details.	NO
6.3	Give any other information not covered by this form which in your opinion is relevant to your application.	NO
6.4	If an offer is made to you, how soon can you join us?	Immedial &
6.5	What are your salary and benefits expectation?	

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Robert Feed E. Bull State Commission Co. F.

6. SUIT	TABILITY TO THE POSITION uitable for the position you have applied for.
Briefly explain why you consider yourself s	untable for the position you have appearance
	and the second control of the second

7. DECLARATION BY THE APPLICANT

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

26-Feb-2020

Candidate's

Full

Signature

Can Sil Mar

Issue 1

Issue Date: 01-01-20

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