## **Asset Handover Form**

Name of Emple	oyee:	omair			
Designation:		FF			
Department:		1 te			
		29-10-	24		
Asset hand ove	r Date:	-1 10	24		
Details of As	ssets			_ :	
Sr	-	Asset Code	Qty	Remarks	
No	0.		1		
1	Telenor &m 0340-8442599	-			17.00
3	0340-8442549				
4	- 11				
5		part of the same			
Confirmed by A Officer:	Name		Date	0124	Signature
Hand over by: (Name & Desig	nation)Name & Designation		Date		Signature
immediately to of loss of asse case and will d Recovery will ost, Stolen or market value):	Any loss of official Assets to the CTC HR or Admin. The cost in their custody due to theft, relecide about the further action.  The made on the book value during the Not Found after its useful life should be charged.	ng the useful lite, Higher of b	acts of	vandalism. l	PSB will review t
Mr/Ms So	ement and Declaration by Er Lander Kashif ed assets. I understand that this at my official work. I assume the extend.	here	4	many and is I	t I have received under my possess f the company to
Signed by Employee:	Sumair Kash	<i>if</i> _	Date		Signature

Page 1 of 1



## **CHIP TRAINING & CONSUL TING**

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Sumair
Position appointed to	FF
Department and/or Location of appointment	He Calacki
CNIC#	42301-6411118-7
CNIC Expiry Date	19-06-21
Date of Joining	29/10/24
Date and Ref. No. of appointment letter	2
Name of the Supervisor	DAMMAR
Designation of Supervisor	Admin Officer
Supervisor's Comments	Con Con
Supervisor's Signature	( and