Batch-Sr. 3610-46/1-200406-1

Group

PRE-ENGINEERING

Result Card No.

32736

# BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, RAWALPINDI INTERMEDIATE EXAMINATION



MUHAMMAD SAQLA!N

ANNUAL 2020

Roll No. 713131

#### **RESULT CARD**



Son of	MUHAMMAD SAFDAR					
of Institution	GOVT. POSTGRADUATE COLLEGE CHAKWAL.					
		has	secured	the	marks	shown
against each	h subject, in the Intermediate Examination.					

Registration No. 18040110309

S.	Subject(s)		M	arks (	Obta	ined	Per-		P/F	Remarks
No		Max	Th-I	Th-II	Pr	Tot	centile	Grade		
1	ENGLISH	200	33	33		66	34.38	Е	PASS	
2	URDU	200	45	45		90	47.87	D	PASS	
3	ISLAMIC EDUCATION	50	32			32	64	С	PASS	
4	PAKISTAN STUDIES	50	32			32	64	С	PASS	orania per menamente e como antidos de destro e valente e valente e valente e de destro de
5	MATHEMATICS	200	46	46		92	46	D	PASS	
6	PHYSICS	200	45	45	23	113	56.5	D+	PASS	
7	CHEMISTRY	200	39	39	22	100	50	D+	PASS	

Additional Marks up	o-to 3% of marks obtained in Inter (Part-I) : 7		
Total Marks	532 / 1100 FIVE HUNDRED THIRTY-TWO	GRADE	D
General Remarks:	THE CANDIDATE HAS PASSED. THE MARKS AWARDED ARE	THE BEST PREDIC	CTION OF THE
	PERFORMANCE AND HAS BEEN AWARDED UNDER COVID-1	9 EXAMINATION F	POLICY, HENCE
	CONSIDERED AS VALID AND FAIR.		



Rawalpindi Dated September 22, 2020

Dealing Official MALIK IRFAN

CONTROLLER OF EXAMINATIONS

Note: This Result Card is Provisional & Errors/omissions excepted.

Under Section 23-Pakistan Citizenship Rules

No.

CWL-4-2019-581

Submission Date: 18-4-2019

Issue Date:

18-4-2019

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 MUHAMM	AD SAQLAIN			AMMAD SAFDAI	
as applied for the gran espect to himself / here section 17 of the said A	self the particul	ars setout below and f	ias satisfied ti	le undersigned mat	(II of 1951), alleging with the conditions laid down in
MUHAMMAD SAQ			case.		
NOW, Therefore, in pureleneby grants to the sai	irsuance of the	powers conferred by t	he said Act an	d the rules made th	ere under, the undersigned this Certificate of Domicile.
n Witness whereof, 11	Chaky	121		- Omn	cile No is CWL-4-2019-581.
				Chak	wal
	1	FULL PARTICULAR	RS RELATIN	NG TO THE APPL	LICANT
Full Name M	UHAMMAD S	SAQLAIN	1		
S/O M	UHAMMAD S	SAFDAR			
Address in Pakistan	VILL & P.O.	THANIL KAMAL,	TEH & DIST	CHAKWAL	
Place of Domicile	THANIL KA	MAL			<u> </u>
(Domicile) Tehsil	Chakwal tow	'n	Distric	t Chakwal	Prov/Admn:PUNJA
Date of Arrival in P	lace of Domici	leSince Birth	D.o.B	7-1-2000	
Married/Single/Wid	low/Widower	Single	CNIC	3720153059059	
Name of Wife or Hu	isband	N/A			
Name of Children a	nd their Ages	N/A			
Trade or Occupation	on and	Student			
Mark of Identificat	ion 4	NIL			
	Pakis	ial ne		m	
<i>i</i> /	+ Auto			for pepuly 68	####\$\${BH&F, (wal,



# **CHIP TRAINING & CONSULTING**

#### JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	MUHAMMAD SAQLAIN
Position appointed to	SAFETY WARDEN
Department and/or Location of appointment	TRI STAR FILLING STATION CHONGINO-4-PIRVIDHAI ROAD, RAWALPINDI PK
CNIC#	37201-8305905-9
CNIC Expiry Date	23-02-2028
Date of Joining	2nd JONE 2022
Date and Ref. No. of appointment letter	1st JUNE 2022
Supervisors Comments	
Supervisors Signature	



Bank Account Information				
Name of Employee	MUHAMMAD SARLAIN			
Designation	SAFETY WARDEN			
Union Council / Area	CHAKWAL			
District / Agency	CHAKWAL			
Contact No.	0313-1503754			
CNIC No.	37201-5305905-9			

Bank Account Title	MUHAMMAD SARLAIN
Bank Name	MCB
Bank Address	MURREE ROAD OPPOSITE NAZ CINEMA
Bank Branch Code	0612
Bank Account Number (With IBAN)	1449 6081 3100 8434

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.

M Eaglaib

Employee Signature (Mandatory)

Employee Thumb Impression (Mandatory)

Dated: 21-12-2023

Note:

<u>Employee will provide the bank account maintenance certificate with this letter for next salary processing.</u>

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

#### **Application for Employment with CTC**

#### Instructions

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

F-S-C

- 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.



صرف وفتری استعال کے لئے ( سی ٹی می شاف کی جانب ہے جراجائے گا ) (For official use only to be filled by CTC Staff) عبدہ کا نام جس کے لئے درخوات دی گئی: (Position applied for) -----منت ہونے رتعیناتی تربیت کی متوقع تاریخ: (سال رمهیدرون) (Expected Date of Induction Training if selected) (Personal Information) معلومات MOHAMMAD SARLAIN (Full Name) ممل نام 1.1 37201-5305905-9 شناختی کارڈ کانمبر (:CNIC No) 1.2 ویگر شناختی نمبر ( شناختی کارؤمیسر نه ہونے کی صورت میں ) 1.3 (Other Identification number if CNIC is not available) (Date of Birth تاريخ بيدائش (سال رمهيندرون) 14-0 07-01-2000 1.4 (YYYY/MM/DD) دن مبینه سال علوم ب اس صوف سال معلوم به تاریخ پیرائش معلوم بیر اس DOB not (Only Year available) (Day, Month, تاریخ پیدائش کا جائز ولیں (کسی ایک پرنشان لگائیں) 1.4.1 (Only Year available) (Tick any One) (Check DOB) Mentioned) Year Available) (Father's/Husband Name/ والدرشو بررخوني رشته داركانام 1.5 MUHAMMAD SAFDAR Name of i.e. Next Kin) (Relationship with Applicant) امیدوار کے ساتھ رشتہ 1.6 FATHER Married (Marital Status) از دواجی منیت MALE (Gender) RAJPOOT (Tribe) 1.7 فنبيله RATPOOT (Ethnicity) زات (Language) زبان Tehed KAMAL, CHAKWAL (Permanent Address) 1.8 CHAKWAL ضلع يايونين كوسل (District and Union Council) (Residence) 1, 0313-1503754(Mobile) J. (Present Address) 2,019.94 1.9 (Contact Detail) رابطه كي تفصيل (E-mail) とい 2.0 (Office) %

(Last Qualification)

آخري تغليمي سند

# (Qualification) عليي قابليت

(List all your academic and technical qualifications, starting with school certificate (Matriculation) تمام تعلیمی و تنفیکی قابلیت کی اسناد کی فہرست لکھیں (میٹرک سے شروع کریں)

گریدُرویترن (Grade/Division)	ائم مضاحین (Major Subjects)	برٹیفیکیٹ رھاممل کردہ ڈگری /Certificate) Degree Obtained)	اوارو (Institution)	(Year)
B	Physics, Chemistry,	Matric	Number one	2018
<b>D</b>	Physics, Chemistr	y, F-S-C	Grovet. Post	2020

الموجوده ملازمت (Present Employment)	3	
(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	بدوزگار بین، تو گزشته ملازمت کی تفصیلات فرانهم کریں	اگرآپ فی الحال
CTC CCHIP TRANING & CONSULTANO	(Name of Employer) /t827	3.1
House-PLOT-1, STREET-09-67-8/2	(Employer's Address) آجرکا کمل پنة	3.2
2nd JUNE 2022	(Date of Joining) تاریخ تعیناتی	3.3
SALES OFFICER	(Your Last Job Title)	3.4
ORDER BOOKER	(Main Duties) انهم ذمه داريال	3.5
STR SALEEM	(Name & Title of your اورعبده الmmediate Boss)	3.6
34,000/-	(Gross Monthly (روپے میں) Pay)	3.7

(List all the previous jobs held by you,	starting from the earliest).	ت کی تفصیل ، آخری ملازمت ہے شروع کریں	آپ کی تمام سابقه ملازمتوں کی فہر
ایم ذمدداریال (Main duties performed by you)	عمده آخری مجده جب طازمت چیوزی (Position held by you when you-left this employer)	ترکانام اور پیت (Employer's Name & Address)	<b>دورانید</b> دن بهینه سال تادن مهینه سمال (From/To) (D/M/Y to D/M/Y)
Bike & Rikshaw Straddling	Sakety Warden	CTC Cohip Training & Cansultancy) streeting of Plat-4 G8/2, Ist	Cantinue

Give details of 3 references, not related to you by blood or marriage, who can vouch for your character and work experience  Muhammad Badoer  AKLER Charles Tive Roal		اخونی یا شادی سے جڑے دشتہ سے ندمو، ہلکہ جو	65 Tible K. P. 12		
Muhammad Badeer			, - Q 10 10 10 10 1	ين(٣)حواله جات	آپکمازکم
AKLEY Chaul Paire Roal		(Full Name)	ىكىل نام	يبلاحواله	5.1
Kber Chaul girja Roal Reel		(Full Address)	مكمل ية	First	0.1
0300-9127109	Ner	(Contact Number)	رابطنم	Referee	
Safty worden		(Nature of association with you)	آپ کے ہاتھ کام ک		
Hailer Ali		(Full Address)	کمل نام		
Bani Chour immanibora	ushal Rus	(Full Address)	مكمل بيظ	دوسرا حواليه	5.2
0314-5072308		(Contact Number)	رابطنمبر	Second	
Safty worder		(Nature of association with you)	آپ کے ساتھ کام	Referee	
Muhammad Saleman			کمل نام		
		(Full Address)	10	تيسرا حواله	5.3
Khoyban sirsyed Rut 0306-2655671	*,	(Contact Number)	رابطه نمبر رابطه نمبر	Third	
Safty worden		(Nature of association with you)		Referee	
• 3					
(General Information	عمومی معلومات (on	6			
$\mathcal{N}_0$	Do you suffer from any	وواگر ہاں تو تفصیل بتا ئمیں serious ailment or disability? If ب	•	ىيا آپ كۈكۈ كى معذ	6.1
No		ار نہیں یائے ،اگر ہاں تو تفصیل بتا کیں or convicted for nay crime? If s	م کے سلسلے میں مجرم تو قر	يا آپ جھی کسی کا	6.2
No	ين آب مين بتاسكة رعتي بين-	الیم معلومات جواس فارم میں موجود خو on not covered by this form whi	رخواست ہے متعلق کو کی	پ کے خیال میں s relevant	6.3
1 Charl		کے لئے بلائمیں،آپ کتنے عرصہ میں ؟ how soon can you join to us?	زادارے میں کام کرنے دادارے میں کام کرنے	اگرہم آپ کو پ	6.4
45,000/- + Benefits		کتے بن؟ benefits expectations?	اوردیگرفوا ئدکی کیاامیدر	پ کی متو تع تخواه	6.5
(Suitability to the Positio	۔عهدہ کی موز ونیت (nn	7			
(Briefly explain why you consider yourself suitable for the position you hav  I are a hard Worker  experience	ve applied for).	ياده موزول بين؟	zerzeruz Keing	، خيال بيم آپ	آپ
انامد	ورخواست گزار کا حلف				

M. Sagriais Signature)

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.

21-12-2023 Est (Date)



# 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:	MUHA	MMAD SARLAIN
S/ <del>D/W of;</del>	MUHAM	IMAD SAFDAR
CNIC NO:	372	0 1 5 3 0 5 9 0 5 9
Position Applied:		
Permanent address as per CNIC:	House No:	
	Street #:	
	Mohallah:	MADINA TOWN
	Village:	CHAKWAL
	Sector/UC:	Thanil Kamal
	Town / Tehsil:	KAMAL
	District	CHAKWAL
Current Residential Address:	House No:	
(Kindly don't fill this	Street#	
section if permanent and residential addresses are same)	Mohallah:	
sume)	Village:	
	Sector/UC	
:	Town / Tehsil:	
	District	
Signature & Date:	Date of Form Filling	
	21-12-2	023 M. Sagralio



#### Disclosure of Relationship Form

(To be filled by Candidate)

I MUHAMMAD SABLATN S/D/W/O MUHAMMAD SASDARHO 37201-S30S90S-9., Resident of WAMAL, CHAKWAL UC Transl Markel CHAKWAL, TehsilCHAKWAL,	lding CNIC
UC Trend CHAKWAL, Tehsil	District position of t.) Ltd. under its
thru party contract for 1111 project, do hereby declare as under.	

- 1. 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.
- 2. 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.
- 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:

Name	Designation	Organization	Province/Distric	UC	Relationship
/	1	1	t /	1	1
			. /		
					/2

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

Signature:

M. Sagraib.

Date: 21-12-2023



## DECLARATION FORM

# (TO BE FILLED BY THE EMPLOYEE)

CNIC Thanil Kamal C the pos	MAMMADSASSIMAKWAL MAKWAL ition ofSASE ontract for PTPP Pr	Tehsil Oject, do hereby de	.,S/ <del>D/W/O</del> ent of CNA) With CH Colare as und	MUNAMMA , Distri IIP Training & er:	AD SASDA L CHAIX ct. CHAIX Consulting (Pv	AR, hold had held held held held held held held hel	UC ree for s third
party c	ontiact for 1 111 11	ojeci, do mari				don the co	tagory

- That, I have not enrolled myself in any program in any college/university which comes under the category
  of regular studies and that currently I am not taking any regular classes.
- 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	Department/ Institute Name	Working as employee with (Govt/Private)	Department/ Organization name	Private business, if any	Any other part time job

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

Signature

Date: 21-12-2023



