

**Application for Employment with CTC**

**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. 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 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.

Affix a recent passport sized Colour photograph here

صرف دفترى استعمال كے لئے (تن لى سى سٹاف كى جانب سے بھرا جائے گا) (For official use only to be filled by CTC Staff)

سیفی وارن

(Position applied for) عہدہ کا نام جس کے لئے درخواست دی گئی:

منتخب ہونے پر تعیناتی تربیت کی متوقع تاریخ (سال/مہینہ/دن)

(Expected Date of Induction Training if selected)

**1- ذاتی معلومات (Personal Information)**

کامل نام (Full Name)	1.1	محمد عرفان اکرم
شناختی کارڈ نمبر (CNIC No)	1.2	36104-4389458-7
دیگر شناختی نمبر (شناختی کارڈ نمبر نہ ہونے کی صورت میں) (Other Identification number if CNIC is not available)	1.3	
تاریخ پیدائش (سال/مہینہ/دن) (Date of Birth (YYYY/MM/DD))	1.4	1985-09-04
تاریخ پیدائش کا جائزہ لیں (کس ایک پر نشان لگائیں) (Check DOB) (Tick any One)	1.4.1	<input checked="" type="checkbox"/> دن/مہینہ/سال معلوم ہے (Day, Month, Year Available) <input type="checkbox"/> صرف سال معلوم ہے (Only Year available) <input type="checkbox"/> تاریخ پیدائش معلوم نہیں (DOB not Mentioned)
والد/شوہر/زویں رشتہ دار کا نام (Father's/Husband Name/ Name of i.e. Next Kin)	1.5	محمد اکرم
امیدوار کے ساتھ رشتہ (Relationship with Applicant)	1.6	بیٹا
ازدواجی حیثیت (Marital Status)		شادی شدہ
صنف (Gender)		مرد
قبیلہ (Tribe)	1.7	پنجاب
ذات (Ethnicity)		آرائیہ
زبان (Language)		اردو
کامل پتہ (Permanent Address)	1.8	جنگ عزیز/128/15 ایل میاں حنوں
ضلع یا یونین کونسل (District and Union Council)		فانہوال (UC#57)
موجودہ پتہ (Present Address)	1.9	جنگ عزیز/128/15 ایل میاں حنوں
رابطہ کی تفصیل (Contact Detail)	2.0	فون: (Residence) 0303-7861502 (Mobile) ای میل: (E-mail) izfan61@gmail.com (Office)
آخری تعلیمی سند (Last Qualification)	2.1	MBA



2- تعلیمی قابلیت (Qualification)

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

تمام تعلیمی و تکنیکی قابلیت کی اسناد کی فہرست لکھیں (میٹرک سے شروع کریں)

گرید/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ/درجہ حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
C	Science	Matric	GHS 128/15-L	2003
C	Commerce	D-com	PBTE (Lahore)	2005
2nd-Div	Commerce	B-Com	Un. of Punjab	2008
C	Business	M.BA	Superior	2010

3- موجودہ ملازمت (Present Employment)

(Give details of your present employment (If you are currently unemployed, give these details in respect of the last employment held by you).)

اگر آپ فی الحال بے روزگار ہیں، تو گزشتہ ملازمت کی تفصیلات فراہم کریں

محمد عرفان ایڈم	(Name of Employer)	آجر کا نام	3.1
ہیک بزرگ 128/15-L تحصیل میانہ پنوں ضلع فاضلہ	(Employer's Address)	آجر کا پتہ	3.2
18 May 2022	(Date of Joining)	تاریخ توجینا	3.3
سیف وارڈن	(Your Last Job Title)	آخری عہدہ	3.4
BIKE STANDALIN	(Main Duties)	اہم ذمہ داریاں	3.5
ایم اے کبر زبیب	(Name & Title of your Immediate Boss)	بجرا آفیسر کا نام اور عہدہ	3.6
Rs = 34000/-	(Gross Monthly Pay)	نمبروں میں ماہانہ عہدہ (روپے میں)	3.7

4- سابقہ کام کا تجربہ (Past Work Experience)

(List all the previous jobs held by you, starting from the earliest)

آپ کی تمام سابقہ ملازمتوں کی فہرست کی تفصیل، آخری ملازمت سے شروع کریں

اہم ذمہ داریاں (Main duties performed by you)	عہدہ تفصیلی طور پر ملازمت چھوڑنے (Position held by you when you left this employer)	آجر کا نام اور پتہ (Employer's Name & Address)	دورانیہ سے-تک سال-ماہ-سال (From/To) (D/M/Y to D/M/Y)
ASM	ASM	"	01/08/2018 to 01/06/2022
ASM	ASM	"	01/04/2012 to 30/06/2018



5-حوالہ جات (References)

Give details of 3 references, not related to you by blood or marriage, who can vouch for your character and work experience. آپ کم از کم تین (3) حوالہ جات دیں، جن کا تعلق آپ کے کسی خونی یا شادی سے جڑے رشتہ سے نہ ہو، بلکہ جو آپ کے کردار اور کام کے تجربے سے واقف ہو۔

5.1	پہلا حوالہ	تکمیل نام (Full Name)	لینم اعجاز
	First Referee	تکمیل پتہ (Full Address)	قید عزیز 124/5 ایل مہاراج پور
		رابطہ نمبر (Contact Number)	0332-6385962
		آپ کے ساتھ کام کی نوعیت (Nature of association with you)	
5.2	دوسرا حوالہ	تکمیل نام (Full Address)	جو درری گھر سبزاد
	Second Referee	تکمیل پتہ (Full Address)	فیصل آباد
		رابطہ نمبر (Contact Number)	0300-6616847
		آپ کے ساتھ کام کی نوعیت (Nature of association with you)	
5.3	تیسرا حوالہ	تکمیل نام (Full Name)	رانا مہر فیصل
	Third Referee	تکمیل پتہ (Full Address)	گھنگ
		رابطہ نمبر (Contact Number)	0314-6376734
		آپ کے ساتھ کام کی نوعیت (Nature of association with you)	

6-عمومی معلومات (General Information)

6.1	کیا آپ کو کوئی معذوری یا بیماری تو نہیں ہے، اگر ہاں تو تفصیل بتائیں Do you suffer from any serious ailment or disability? If so, give details.	نہی
6.2	کیا آپ کبھی کسی کام کے سلسلے میں مجرم تو قرار نہیں پائے، اگر ہاں تو تفصیل بتائیں Have you ever been tried or convicted for any crime? If so, give full details.	نہی
6.3	آپ کے خیال میں درخواست سے متعلق کوئی ایسی معلومات جو اس فارم میں موجود نہیں آپ ہمیں بتا سکتے رہتی ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application.	نہی
6.4	اگر ہم آپ کو اپنے ادارے میں کام کرنے کے لئے بلائیں، آپ کتنے عرصہ میں ہمارے ساتھ کام کر سکتے ہیں؟ If an offer is made to you, how soon can you join to us?	Long Term
6.5	آپ کی متوقع تنخواہ اور دیگر فوائد کی کیا امید رکھتے ہیں؟ What are your salary and benefits expectations?	60,000/-

7-عہدہ کی موزونیت (Suitability to the Position)

(Briefly explain why you consider yourself suitable for the position you have applied for.) آپ کے خیال میں آپ کیوں اس عہدہ کے لئے زیادہ موزوں ہیں؟

درخواست گزار کا حلف نامہ


میں تصدیق کرتا کرتی ہوں کہ اوپر دی گئی تمام معلومات میرے علم اور یقین کے عین مطابق ہیں، درست اور مکمل ہیں، بعد میں کسی بھی معلومات کے غلط ہونے کی صورت میں تادیبی کارروائی کی ذمہ داری قبول کرتا کرتی ہوں۔  
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 be subsequently discovered.

امیدوار کے دستخط  
(Candidate's Signature)

تاریخ (Date)  
19/12/23



TRAINING &  
CONSULTINGCHIP Training & Consulting (Pvt). Ltd  
Declaration Form of Candidate for Residential Address  
(To be filled & signed by Candidate)

Name of Candidate as per CNIC:	M. Iqbal AKRAM	
S/D/W of;	M. AKRAM	
CNIC NO:	3 6 1 0 4 4 3 8 9 4 5 8 7	
Position Applied:	Safety warden	
Permanent address as per CNIC:	House No:	H-no. 805
	Street #:	08
	Mohallah:	
	Village:	چک نمبر 128/15-ل، سوہانہ 6 جتان
	Sector/UC:	UC # 57
	Town /Tehsil:	Teh: MIAN CHANN
	District	KHANEWAL
Current Residential Address:  (Kindly don't fill this section if permanent and residential addresses are same)	House No:	H-no. 805
	Street#	08
	Mohallah:	
	Village:	CHAK NO. 128/15-L
	Sector/UC	UC:- 57
	Town /Tehsil:	MIAN CHANU
	District	KHANEWAL
Signature & Date:	Date of Form Filling:	Signature of Applicant:
	19/12/23	



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Disclosure of Relationship Form

(To be filled by Candidate)

I M. ARFAN AKRAM, S/D/W/O M. AKRAM, Holding CNIC  
36104-4389458-7, Resident of CHAK NO. 128/15-L MIAN CHANNU,  
UC KHANEWAL 57, Tehsil MIAN CHANNU, District  
safety warden Candidate for the position of  
with CHIP Training & Consulting (Pvt.) Ltd. under its  
third party contract for PTPP 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/District	UC	Relationship

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

Signature:



Date: 19/12/23



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## DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I M. U. HAMMAD GREAN AKRAM S/D W/O M. U. HAMMAD AKRAM, holding  
CNIC 36104-4388458-7, Resident of CHAK No. 128/15-2 UC  
57 Tehsil MIAM CHANNU District KHANEWAL Employee for  
the position of Softy Worker With CHIP Training & Consulting (Pvt) Ltd under its third  
party contract for PTPP Project, do hereby declare as under:

1. 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.
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	Department/ Institute Name	Working as employee with (Govt/Private)	Department/ Organization name	Private business, if any	Any other part time job

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

Signature



Date: 19/12/23



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## CHIP TRAINING & CONSULTING

### JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	MUHAMMAD IRFAN AKRAM
Position appointed to	Safety warden
Department and/or Location of appointment	MIAN CHANNU (Khanewal)
CNIC#	36104-4389458-7
CNIC Expiry Date	06-08-2025
Date of Joining	18-08-2022
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	



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Bank Account Information	
Name of Employee	Muhammad Jafar Akram
Designation	Safety worker.
Union Council / Area	UC-57
District / Agency	H-8000 Filling station Mian Channu
Contact No.	0303-7861502
CNIC No.	36104-4389458-7

Bank Account Title	MUHAMMAD JAFAR AKRAM
Bank Name	MCB
Bank Address	Mian Channu.
Bank Branch Code	688
Bank Account Number (With IBAN)	0592949401002059

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: 19-12-23

Note:

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