







CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

| Name of the Employee | Tahia mehnund |
|---|-----------------------------|
| Position appointed to | safety worden |
| Department and/or Location of appointment | liagrat Par Filling Station |
| CNIC# | 31302-7051954-9 |
| CNIC Expiry Date | 25-01-2032 |
| Date of Joining | |
| Date and Ref. No. of appointment letter | |
| Supervisors Comments | |
| Supervisors Signature | |







CHIP Training & Consulting (Pvt). Ltd Declaration Form of Candidate for Residential Address

(To be filled & signed by Candidate)

| Name of Candidate as per CNIC: | Tahiz Mehmod |
|--|---|
| S/D/W of; | Jan Muhammad |
| CNIC NO: | 3130270519549 |
| Position Applied: | Safety worden. |
| Permanent address as per CNIC: | House No: Chark My 159/24 |
| | Street #: Post office Ferozer |
| | Mohallah: Tetrisi |
| | Village: |
| | Sector/UC 178/7R |
| | Town/Tehsil: Liaquet Pur |
| | District Rahim Yaz Khin |
| Current Residential Address: | House No: Same as aboute |
| Kindly don't fill this | Street# |
| ection if permanentund evidential addresses are | Mohallah: |
| erme) | Villaget |
| | Sector/UC |
| | Town / Tehnil: |
| | District |
| rignature&Date: | Date of Form Filling: Signature of Applicant: |
| - Ollis putul | 20/2 Part - Other bull |





| (Re | (الدجات (ferences) | P_5 | | | |
|--|---|--|---|--------------------|----------------|
| tion dende of 8 references out related to you by bland or mercany, only continued for poor character and most experience. | a Such IL could | - Televicole 2003 | WE THE | (= 6.30(P) | 115 |
| . ,). | الدائرو | (Full Name) (Full Address) (Contact Number) | ملايام مملية ماليانير رايانير آپ كاماتوكام كاف | | 5.1 |
| 03458136 181/11 colleage | مدرا کند | (Full Address) (Full Address) (Contact Number) (Notice of association with year) | تمل ام تمل ید مارید را بازیم آب که مانوکام ک | Second Referee | 5.2 |
| 0346 6897 849 corlleague | فالد فحود | (Full Name) (Full Address) (Contact Number) (Nature of associations and solid year) | تعل ام عمل به دایط تیر دایط تیر آپ که ما او کام ک | Third Referee | 5.3 |
| (General Informa | فدوی معلومات (tian | | | | |
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| NO | fore-en-other substant to over-application | ارتی و به داگروان تو تشییل ناشی بازی معلومات جوال قریم شن او جودی بازی معلومات جوال قریم شن او جودی بازی معلومات جوال قریم شن او جودی | مان واست من منطق کول مان خواست من منطق کول داد اند باست دومانده ادا | educes relevant | 6.3 |
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| Because this | | ain | in S | life | Ψ [†] |
| 1 wont to | Set (| serve h | uman | ity. | |
| -1: | درخواست گزار کا طف | | | | |
| Tourisms and locally that the following providence is not considered and a superior and a superi | completes to the last of my Lo | The the self to the Tarongs and | A POSTOLIVE | military of | المالم |

Application for Employment with CTC

Instructions

- * Road the retails form carefully before starting to fill it is.
- * This form should be completed in ink, in condidate's own handscriting.
- A Attach copies (not eriginals) of all hotimumals and certificates. A copy of CV and CNIC is mondatory
- * If space provided in the form for any particular information is insdequate, please offset) additional elemen-
- If any information is given in this form is soften quently found to be incorrect, it will be constructed as a gross reasonduct, liable to be parashed by instant discussional and other disciplinary across as may be appropriate to the nature of resistancement.

Affin a record purspert stand Galace plantegraph lance

| | (Process applied by Silvandell Lid | title of |
|---|---|----------|
| | (Separated Date of Industries Training M | -4 |
| (Personal Information) = loste | 13_1 | |
| 323116 | (Full Name) (Sull | 5.5 |
| 31302-7051954-9 | (CNIC No.) PRINTE | 1.2 |
| | (はこかししいでしまない)のはなる | 1.3 |
| | (Chier Mestification marsher of CNSC is not available) | |
| 1982/02/06 | (Date of Birth (YYYY/MM/DD) (www.dy). Disable | 1.4 |
| (DOB nest (Only Year available) Year Availables | (Tital and Chica Chicago Distriction) | 1.4.1 |
| 13010 | (Father's/Hadrond Name/ PEKhata Liberhalls Super of the New Kin) | |
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| Columbia Columbia | | |
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| 14 30, 15 - 113 15% print 10 | (Personent Address) and | |
| cità l'alla | | |
| | | |
| Bentenny 03455300159 many | (Contant Detail) | |
| B.A. | | |







| Bank Account Information | | | | | | |
|--------------------------|------------------|--|--|--|--|--|
| Name of Employee | Tahin Melund | | | | | |
| Designation | Safety warden | | | | | |
| Union Council / Area | 178/72. | | | | | |
| District / Agency | Ration Your Klow | | | | | |
| Contact No. | 03455300159. | | | | | |
| CNIC No. | 31302 7051954-9 | | | | | |

| Bank Account Title | MEB Tahio Mehmad |
|---------------------------------|-----------------------------|
| Bank Name | MCB |
| Bank Address | Stechi Road Foroza Brands |
| Bank Branch Code | 0991 |
| Bank Account Number (With IBAN) | PIC26 MUCB 0742323191006434 |

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 Pv1. Ltd for any dues/funds payable to me

Employee Signature

(Mandatory)

Employee Thumb (mpression (Mandatory)

Note:

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





DECLARATION FORM

| No Section No. | (TO BE I | FILLED BY TH | IE EMPLO | YEE) | |
|------------------------|---------------------|--------------------|--------------|---|---------------------------------|
| 1 Tahis me | housel | S/D/W/O | Jan | Mulnamed | holding |
| CNIC 71302.70 | 519549 | Resident of | Chall + | Mulhamed 159/79 Consulting (Pvt) Lide | UC |
| the position of Sa | lety word | e With CHI | P Training & | Consulting (Pvt) Ltd u | imployee for inder its third |
| party contract for PTI | P Project, do herel | by declare as unde | τ. | | |

- 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 (novt Private) | Department Organization same | Private business. if any | Any other part time job |
|------|-----------------------|----------------------------------|---|------------------------------------|-----------------------------|----------------------------|
| 1 | 1 | | 1 | / | | 1 |
| | | | | | | |
| | | | | | | |

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

Date: 20/8/2022







Disclosure of Relationship Form

| A (To be | filled by Candid | ate) | | | |
|---|---|--------------|------------|---------------|--------|
| Resident, of of | Jan Muhmer Ho | oldingC | NIC 31 | 3027051 | 9.54-9 |
| Resident Of Charles UC. 17.8 17.4 Tehsil Lioque | at Pur D | 11.7.B. | Chil | ista | |
| Safety worden | . Candidate | for | the | position | of |
| third party contract for PTPP project, de | with CHIP Training o hereby declare as | & Consunder: | sulting (F | vt.) Ltd. und | er its |

- 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 within PTPP CTC or WHO as of the date mentioned below:

| Name / | Designation | Organization | Province/Distric t | 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: 24/8 Done





