

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 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

(For official use only to be filled by CTC Staff) (صرف دفترى استعمال كے ليے (سى آى سٹاف كى جانب سے مبرا جائے گا))

SAFETY WARDEN

(Position applied for) (مقدمہ دہا نام جس كے ليے درخواست دہى گئی):

(Expected Date of Induction Training if selected) (مقررہ ہونے پر تعیناتی تربیت كى متوقع تاريخ: (سال برميں رولن))

(Expected Date of Induction Training if selected)

1- ذاتى معلومات (Personal Information)

MOHAMMAD KHAN	(Full Name) مکمل نام	1.1
45509-0153315-9	(CNIC No:) شناختى کارڈ نمبر	1.2
-	(Other Identification number if CNIC is not available) دیگر شناختى نمبر (شناختى کارڈ نمبر نہ ہونے كى صورت ميں)	1.3
20-10-1997	(Date of Birth) تاريخ پيدائش (سال برميں رولن) (YYYY/MM/DD)	1.4
<input type="checkbox"/> تاريخ پيدائش معلوم نہیں (DOB not Mentioned) <input type="checkbox"/> صرف سال معلوم ہے (Only Year available) <input checked="" type="checkbox"/> دن، مہینہ، سال معلوم ہے (Day, Month, Year Available)	(Tick any One) (Check DOB) تاريخ پيدائش كا جائزہ لیں (كسى ايك پر نشان لگائیں)	1.4.1
ABDUL SATTAR PATHAN	(Father's/Husband Name/ Name of i.e. Next Kin) والدہ شوہر بخونى رشتہ دار كا نام	1.5
	(Relationship with Applicant) اميدوار كے ساتھ رشتہ	1.6
SINGLE	(Marital Status) ازدواجى حيثيت	1.7
MALE	(Gender) صنف	
	(Tribe) قبيلہ	
PATHAN	(Ethnicity) ذات	
SINDHI	(Language) زبان	
HNO B-1102 SHAHLATIF CHOK ROHRI	(Permanent Address) مکمل پتہ	1.8
SUKKUR	(District and Union Council) ضلع يا يونين كونسل	
HNOISSA ALRAHIMVILLAS QASIMABAD	(Present Address) موجودہ پتہ	1.9
(Residence) رہائش گاہ (E-mail) (Office) (Mobile) 03004197129	(Contact Detail) رابطہ كى تفصيل	2.0
MASTER'S CONTINUE	(Last Qualification) آخرى تعليمى سند	2.1

2- تعلیمی قابلیت (Qualification)

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

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

گرید/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ/مقامی درجہ حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
2ND CLASS	ECONOMICS	BACHELORS OF ARTS	UNIVERSITY OF SINDH	2021

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

(Name of Employer)	آجر کا نام	3.1
(Employer's Address)	آجر کا مکمل پتہ	3.2
(Date of Joining)	تاریخ تہناتی	3.3
(Your Last Job Title)	آخری عہدہ	3.4
(Main Duties)	اہم ذمہ داریاں	3.5
(Name & Title of your Immediate Boss)	مجاز آفیسر کا نام اور عہدہ	3.6
(Gross Monthly Pay)	مجموعی 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 آخری عہدہ جب ملازمت چھوڑی (Position held by you when you left this employer)	آجر کا نام اور پتہ (Employer's Name & Address)	دورانیہ دن - مہینہ - سال تا دن - مہینہ - سال (From/To) (D/M/Y to D/M/Y)

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 کو کم از کم تین (3) حوالہ جات دیں جن کا تعلق آپ کے کسی خونی یا شاہی سے نہ ہو، بلکہ جو آپ کے کاروبار کام کے آگے رہے ہوں۔

SVED ALI AKBAR SHAH HNO: F-916 DINAL SHAH JOPIRH GIARI KHATA 03093476389 FRIEND	(Full Name) (Full Address) (Contact Number) (Nature of association with you)	پہلا حوالہ First Referee	5.1
SUHAIL RAZA SHAH FLAT NO M2 MAZNINGE FLOR B-ANASSEM SHOPPING MALL QASIMABAD 03363695366 FRIEND	(Full Name) (Full Address) (Contact Number) (Nature of association with you)	دوسرا حوالہ Second Referee	5.2
HAIDER AGHEEM HNO A24/100 ABDULLAH TOWN QSMAD 03420333476 FRIEND	(Full Name) (Full Address) (Contact Number) (Nature of association with you)	تیسرا حوالہ Third Referee	5.3

6-عمومی معلومات (General Information)

NO	6.1 کیا آپ کو کوئی مفدوری بیماری تو نہیں ہے، اگر ہاں تو تفصیل بتائیں Do you suffer from any serious ailment or disability? If so, give details.
NO	6.2 کیا آپ کبھی کسی کام کے سلسلے میں مجرم قرار نہیں پائے، اگر ہاں تو تفصیل بتائیں Have you ever been tried or convicted for any crime? If so, give full details.
NO	6.3 آپ کے خیال میں درخواست سے متعلق کوئی ایسی معلومات جو اس فارم میں موجود نہیں آپ میں بتائے سکتے رہتی ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application.
CONTINUE	6.4 اگر ہم آپ کو اپنے ادارے میں کام کرنے کے لئے بلائیں، آپ کتنے عرصے میں ہمارے ساتھ کام کر سکتے ہیں؟ If an offer is made to you, how soon can you join to us?
FOURTY FIVE THOUSANDS +	6.5 آپ کی متوقع تنخواہ اور دیگر فوڈا کی کیا امید رکھتے ہیں؟ What are your salary and benefits expectations?

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 ضمن مطابق ہیں، درست اور مکمل ہیں، بعد میں کسی بھی معلومات کے غلط ہونے کی صورت میں تاجی کاروائی 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)

24-12-2023

تاریخ (Date)



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	MUHAMMAD KHAN
Position appointed to	SAFETY WARDEN
Department and or Location of appointment	DEPLOY AT BHATTAI PETROLEUM SERVICE HYDERABAD TERRITORY
CNIC#	45502-0153315-9
CNIC Expiry Date	11-19-2025
Date of Joining	05-05-2023
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I MOHAMMAD KHAN.....S/D/W/O ABDUL SATTAR....., holding CNIC 453090153315-9....., Resident of H.NO 155A ALRAHEEM VILLAS....., UC Tehsil QASIMABAD....., District HYDERABAD..... Employee for the position of SAFETY WARDEN..... 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

24-12-2023

Date:



Disclosure of Relationship Form

(To be filled by Candidate)

I MOHAMMAD KHAN, S/D/W/O ABDUL SATTAR, Holding CNIC
45502-0453315-9, Resident of House ISSA ALRAHEM VILLAS,
UC QASIMABAD, Tehsil HYDERABAD, District
HYDERABAD Candidate for the position of
SAFETY WARDEN 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:

24-12-2023

Date:



Bank Account Information	
Name of Employee	MOHAMMAD KHAN
Designation	SAFETY WARDEN
Union Council / Area	QASIMABAD
District / Agency	HYDERABAD
Contact No.	0300-4197199
CNIC No.	45502-0153315-9

Bank Account Title	MUHAMMAD KHAN
Bank Name	MCB
Bank Address	QASIMABAD BRANCH
Bank Branch Code	1407 - QASIMABAD BRANCH
Bank Account Number (With IBAN)	PK05 MUCB 0890 2439 5100 4706

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)

Dated: 24-12-2023

Employee Thumb Impression
(Mandatory)

Note:

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



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

Name of Candidate as per CNIC:	MOHAMMAD KHAN	
S/D/W of;	ABDUL SATTAR PATHAN	
CNIC NO:	4 5 5 0 9 0 1 5 3 3 1 5 9	
Position Applied:	SAFETY WARDEN	
Permanent address as per CNIC:	House No:	155A
	Street #:	04
	Mohallah:	AL RAHIM VILLAS
	Village:	QASIMABAD
	Sector/UC:	
	Town /Tehsil:	QASIMABAD
	District	HYDERABAD
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		
Mohallah:		
Village:		
Sector/UC		
Town /Tehsil:		
District		
Signature & Date:	Date of Form Filling:	Signature of Applicant:
24-12-23	24-12-23	M Khan



حکومت پاکستان

قومي سڃاڻپ ڪارڊ

45502-0153315-9

نالو : محمد خان

جنس : مرد

پيءُ جو نالو : عبدالستار پٺاڻ

سڃاڻپ جي نشاني : ڪابه نه

عثمان يوسف مڙين

ڄمڻ جي تاريخ : 20/10/1997

ڪارڊ رکندڙ جي صحيح

رجسٽرار جنرل جي صحيح

سڃاڻپ ڪارڊ نمبر: 9-0153315-45502 خانداڻ نمبر: NJ534F

هاتو ڪو پتو: گهر نمبر B-1109، پاڙو شاه لطيف چوڪ، روهرڙي، ضلعو سکر

مستقل پتو: ساڳيو

جاري ٿيو: 11/12/2015 ختم ٿيندو: 11/12/2025

ڪم ٿيل ڪارڊ ملڻ تي ويجهي ٽپال جي دٻي ۾ وجهو



