

Employment Application Form

Instructions:

1. Kindly read the whole form carefully before filling it out.
2. This form must be filled in carefully, truthfully and legibly in capital letters.
3. If any column is not applicable, please write "N.A" or draw a line across it.
4. This form should be completed in ink, in candidate's own handwriting.
5. Attach copies (not originals) of all testimonials and certificates.
6. Please attach additional sheets if space provided in the form is inadequate,
7. An employee who knowingly furnishes any information or particulars which are false or suppresses material information or deliberately submits forged certificates, it will be considered as gross misconduct and provides a ground for stern disciplinary action including but not limited immediate termination and debarred from future employment.



Position applied for: **FINANCE ASSISTANT - DDM**

1. PERSONAL INFORMATION

1.1	Full Name	MUHAMMAD YOUNIS
1.2	CNIC No.	45203-5127128-5
1.3	Date of Birth	01 August 1985
1.4	Father's Name	KARIM BUX GADHI
	Marital Status	MARRIED
1.5	Name of Spouse (if any)	SHEEREEN
	No. of Children (if any)	Five
1.6	Permanent Address	VILLAGE GHANWAR MASHORI P.O SHAH LADHANI TALUKA & DISTRICT KHAIRPUR MIRUS.
1.7	Present Residential Address	HOUSE #: B-2, WIRELESS COMPOUND BEHIND PTA OFFICE OPPOSITE JPMC KARACH
1.8	Phone / Cell Numbers	0333-7112050
1.9	E-mail address	younis_rais@yahoo.com

2. QUALIFICATIONS

1. List your last two academic qualifications.
2. List your degrees in reverse chronological order, with the most recent degree on top.
3. Always include the essential information, such as the degree name, your major, the name of the university, and the years you attended.

Year	Institution	Degree	Main Subjects	GPA / Division
2013	UNIVERISTY OF SINDH	M.B.A	FINANCE	2.61
2005	UNIVERSITY OF SINDH	B.B.A	FINANCE	2.34

3. PREVIOUS EMPLOYMENT

Give details of your present employment.

If you are currently unemployed, give these details in respect of the last employment held by you.

3.1	Name of the Employer	WORLD HEALTH ORGANIZATION
3.2	Employer's Address	WHO OFFICE - I.I DEPOT RAFIQUI SHAHEED ROAD NEAR JPMC CANTT KARACHI
3.3	Duration	12 YEARS
3.4	Job Title	FINANCE ASSISTANT/DEO
3.5	Main Duties	MANAGE DDM & COVID PAYMENT
3.6	Name & Title of our Immediate Supervisor	DR. MUHAMMAD KHALID
3.7	Gross Monthly Pay	PKR.165,965

4. GENERAL INFORMATION

4.1	Do you suffer from any serious ailment, or disability? If so, give details.	NO
4.2	Have you ever been tried or convicted for any crime including sexual exploitation or abuse? If so, give full details.	NO
4.3	Are you required to serve Notice Period? If yes, mentioned the period.	NO
4.4	What are your salary and benefits expectation?	PKR.384,000/- MEDICAL & LIFE INUSRANCE, PROVIDENT FUND, EOBI

5. PROFESSIONAL REFEREES

Please give the name of two referees (not related to you by blood or marriage or friend) one of which must be your current, or most recent employer if you are currently unemployed. The choice of the second referee is at your discretion, but must not be one of your relatives or friend.

(Professional Reference Only)

	Name	DR. MUHAMMAD KHALID
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5.1	First Referee	Nature of association with you.	SUPERVISOR
		Organization Name and Address	WHO OFFICE - I.I DEPOT RAFIQUI SHAHEED ROAD NEAR JPMC CANTT KARACHI
		Phone Number	0334-9376000
		Email Address	khalidm@who.int
5.2	Second Referee	Name	DR. ASIF ALI
		Nature of association with you.	SUPERVISOR
		Organization name and Address	WHO OFFICE - I.I DEPOT RAFIQUI SHAHEED ROAD NEAR JPMC CANTT KARACHI
		Phone Number	0300-8241165
		Email Address	asifa@who.int

I hereby 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 may be subsequently discovered.

I do/do not give permission for to approach the referees prior to the interview (please delete as applicable)

Date: 18/04/2025

Candidate's Signature: 



Declarations

The candidate namely; Muhammad Younis, bearing CNIC # 45203-5127128-5 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 relative” is employed at WHO or CTC.

Or

2. That the following Person(s) are employed at CTC or WHO which falls under the standard definition of “blood/close relative”.

Name	Designation	Organization	Place of Duty	Relationship
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

3. That, I am not enrolled in any academic program in any college/university/institute either as a full time or part time student or through any online / distance learning programs.

Or

4. That I am pursuing the following regular, part-time studies or e-learning programs.

Title of Degree	Name of College/ Institute/ University	Schedule of Classes
N/A	N/A	N/A

5. That, I am neither working in any government department or private organizations as employee or consultant nor running any private business either as a partner or as a family business.
6. I will not engage in any activity or work that could compete with the business interests of CHIP Training and Consulting (Pvt) Ltd. or present a conflict of interest with my role within the organization. If I am unsure about the potential conflict of interest, I will promptly inform the relevant authorities within the company for clarification.
7. That in case I have any existing commitments or obligations, I will disclose them to the HR department or the relevant authorities within CHIP Training and Consulting (Pvt) Ltd. before accepting this offer of employment.

Signature 


Date; 18/04/2025

E: Sexual Misconduct Declaration Form

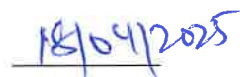
1. Are you the subject of any substantiated findings of sexual misconduct in any current or past employment or faced charges of harassment before any court or other State authorities?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Are you currently being investigated for sexual misconduct at any current or past employer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. Have you left a position during an investigation into a violation of any sexual misconduct policy at any current or past employers?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Are you willing to provide consent for the organization to conduct background checks to verify any information provided regarding past investigations in relations to sexual misconduct?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5. If you responded "yes" to any of the questions 1-3 above, please explain the circumstances of the finding(s) and/or investigation(s) _____ _____ _____	

Certification and Authorization to Release Information Regarding Sexual Misconduct

I, Muhammad Younis bearing CNIC # 45203-5127128-5 hereby certify that the information above is true, complete, and accurate to the best of my knowledge. I understand that failure to provide complete and accurate information in response to the above questions will result in disqualification from employment or appointment at CHIP Training and Consulting (Pvt) Ltd. and withdrawal of any offer of employment. By my signature, I authorize any and all current and past employers to disclose to CHIP Training and Consulting (Pvt) Ltd. information, if any, regarding sexual misconduct committed by me, including sexual harassment. I agree to execute any additional forms required by my current or past employer(s) to release such information to the CHIP Training and Consulting (Pvt) Ltd., and by my signature, I hereby release all current and past employers from any and all claims and liability arising from the disclosure of the information described in this paragraph. I further authorize CHIP Training and Consulting (Pvt) Ltd. to contact my current or past employer(s) to verify the information that I have provided.



Signature



Date

Locality Verification Form

Permanent address as per CNIC:	House No:	
	Street #:	
	Village:	Village Ghanwar Mashori
	Sector/UC:	Shah Ladhani
	Town / Tehsil:	Khairpur
	District and Province	Khairpur, Sindh

Current Residential Address: <i>(Kindly don't fill this section if permanent and current address is same)</i>	House No:	B - 2
	Street#	Wireless compound Behind PTA office opposite JPMC Karachi
	Village:	
	Sector/UC	Cantt Karachi
	Town / Tehsil:	Saddar
	District and P	South Sindh

Signature: 

Date; 18/04/2025