







Bank Account Information	
Name of Employee	Zuljigar Ali -
Designation	Safety warden -
Union Council / Area	05
District / Agency	Shikarpur -
Contact No.	0316-3564632
CNIC No.	43304-0578211-3

Bank Account Title	Zuljigar Ali -
Bank Name	Muslim Commercial Bank .
Bank Address	Allah wala Chowk Shikarpur -
Bank Branch Code	1453 -
Bank Account Number (With IBAN)	PK95MUCB1453120841007009

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: 24-12-2023

Note:

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



## CHIP TRAINING & CONSULTING

### JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Zulfikar Ali -
Position appointed to	Safety Warden -
Department and/or Location of appointment	Nawab-3 Filling Station Skilarpur.
CNIC#	43304-0578211-3 -
CNIC Expiry Date	09-01-2033
Date of Joining	20-08-22
Date and Ref. No. of appointment letter	20-08-22.
Supervisors Comments	
Supervisors Signature	

## 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

(For official use only to be filled by CTC Staff) (سی ای سی سٹاف کی جانب سے پُر جانے گا)

Safety Warden

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

(Expected Date of Induction Training if selected) (منتخب ہونے پر تعیناتی تربیت کی متوقع تاریخ: (سال/مہینہ/دن)

### (Personal Information) 1- ذاتی معلومات

Zulfiqar Ali -	(Full Name) مکمل نام	1.1
43304-0578211-3	(CNIC No) شناختی کارڈ کا نمبر	1.2
	دیگر شناختی نمبر (شناختی کارڈ میسر نہ ہونے کی صورت میں) (Other Identification number if CNIC is not available)	1.3
02-1977	(Date of Birth) تاریخ پیدائش (سال/مہینہ/دن) (YYYY/MM/DD)	1.4
<input type="checkbox"/> تاریخ پیدائش 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) (کسی ایک پر نشان لگائیں) تاریخ پیدائش کا جائزہ لیں (Check DOB)	1.4.1
Ahmed Ali -	(Father's/Husband Name/ Name of i.e. Next Kin) والد/شوہر/رشتہ دار کا نام	1.5
Father -	(Relationship with Applicant) امیدوار کے ساتھ رشتہ	1.6
Married	(Marital Status) ازدواجی حیثیت	1.7
Male -	(Gender) صنف	
Sokhia	(Tribe) قبیلہ	
Sokhia	(Ethnicity) ذات	
Sindhi -	(Language) زبان	
Muhalla Saddar Bazaar Shikarpur	(Permanent Address) مکمل پتہ	1.8
Shikarpur -	(District and Union Council) ضلع یا یونین کونسل	
Muhalla Saddar Bazaar Shikarpur	(Present Address) موجودہ پتہ	1.9
0316-3564632	(Contact Detail) رابطہ کی تفصیل	2.0
Babannji Khan Babannji Khan	(Last Qualification) آخری تعلیمی سند	2.1
Bsc. II		

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 (میکٹرک سے شروع کریں)

گریڈ/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
2nd Division	Biology	Bsc-II	S.A.L.U Board Karnalpur	1996

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، توگزشتہ ملازمت کی تفصیلات فراہم کریں

3.1	آجر کا نام (Name of Employer)
3.2	آجر کا مکمل پتہ (Employer's Address)
3.3	تاریخ تھینائی (Date of Joining)
3.4	آخری عہدہ (Your Last Job Title)
3.5	اہم ذمہ داریاں (Main Duties)
3.6	بھاری آفسر کا نام اور عہدہ (Name & Title of your Immediate Boss)
3.7	مجموعی ماہانہ عہدہ (روپے میں) (Gross Monthly Pay)

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)



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

Name of Candidate as per CNIC:	Zulfiqar Ali-	
S/D/W of:	Ahmed Ali-	
CNIC NO:	4 3 3 0 4 0 5 7 8 2 1 1 3	
Position Applied:		
Permanent address as per CNIC:	House No:	36/62
	Street #:	-
	Mohallah:	Mohalla Saddar Bazaar Shikarpur
	Village:	-
	Sector/UC:	Shikarpur-
	Town /Tehsil:	Shikarpur-
	District	Shikarpur-
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		-
Mohallah:		Mohalla Saddar Bazaar Shikarpur
Village:		-
Sector/UC		Shikarpur
Town /Tehsil:		Shikarpur
District		Shikarpur
Signature & Date:		Date of Form Filling:
24-12-2023	24-12-2023	



### Disclosure of Relationship Form

(To be filled by Candidate)

I Zulqarnain Ali S/D/W/O Ahmed Ali Holding CNIC  
43304-0578211-3 Resident of Mahalla Saddar Bazar Shikarpur  
UC AS Tehsil Shikarpur District  
Shikarpur 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:

Date: 24.12.2023





**PAKISTAN**

**National Identity Card**

ISLAMIC REPUBLIC OF PAKISTAN



Name

Zulfiqar Ali

ذوالفقار علی

Father Name

Ahmed Ali

احمد علی

Gender

M

Country of Stay

Pakistan

Identity Number

43304-0578211-3

Date of Birth

01.02.1977

Date of Issue

09.01.2023

Date of Expiry

09.01.2033

43521



Signature

Holder's Signature

موجودہ پتہ: مکان نمبر 36/62، محلہ صدر بازار، شکارپور

43304-0578211-3



مستقل پتہ: مکان نمبر 36/62، محلہ صدر بازار، شکارپور

105071347557  
412-77-152619

Registrar General of Pakistan

گمشدہ کارڈ ملنے پر قریبی ایسٹریکس میں ڈال دیں