



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

Name of Candidate as per CNIC:	Sheeraz Ahmed	
S/D/W of:	Iqbal Ahmed	
CNIC NO:	4 3 3 0 4 3 2 2 8 6 5 6 5	
Position Applied:	Safety Warden	
Permanent address as per CNIC:	House No:	Kakay Muhall P.O Sultankot Distt: Shikarpur
	Street #:	
	Mohallah:	Kakay Muhall P.O Sultankot Distt: Shikarpur
	Village:	Sultankot
	Sector/UC:	Sultankot
	Town / Tehsil:	Shikarpur
	District	Shikarpur
Current Residential Address: (Kindly don't fill this section if permanent and residential addresses are same)	House No:	Kakay Muhall P.O Sultankot Distt: Shikarpur
	Street#	
	Mohallah:	Kakay Muhall P.O Sultankot Distt: Shikarpur
	Village:	Sultankot
	Sector/UC	Sultankot
	Town / Tehsil:	Shikarpur
	District	Shikarpur
Signature & Date:	Date of Form Filling:	Signature of Applicant:
Shir 24-12-2023	24-12-2023	Shir



Disclosure of Relationship Form

(To be filled by Candidate)

I Sheeraz Ahmed S/D/W/O Iqbal Ahmed Holding CNIC
43304-3228656-5 Resident of Kakad Mohalla P.o Sultankot Distt:- Sukrapur
UC Sultankot Tehsil Sukrapur District
Sukrapur 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
	<u>Nil</u>		<u>Nil</u>		

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



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Sheeraz Ahmed
Position appointed to	Safety Warden
Department and/or Location of appointment	Khan Petroleum Service Sultankot Distt:- Shikarpur
CNIC#	43304-3228656-5
CNIC Expiry Date	11-12-2025
Date of Joining	20-8-2022
Date and Ref. No. of appointment letter	20-8-2022
Supervisors Comments	
Supervisors Signature	



Bank Account Information	
Name of Employee	Sheeraz Ahmed
Designation	Safety Warden
Union Council / Area	Sultankot
District / Agency	Shikarpur
Contact No.	0304-6143031
CNIC No.	43304-3228656-5

Bank Account Title	Sheeraz Ahmed
Bank Name	MCB
Bank Address	Shikarpur - Near Allahwala Chowk
Bank Branch Code	1543
Bank Account Number (With IBAN)	(PK46MCB)0693 7997 5100 3022

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.

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 (میلٹرک سے شروع کریں)

گریڈ/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
2nd Division	English	B.Sc 2nd	S.A.L.U Khairpur	2014

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 پتہ	3.2
(Date of Joining)	تاریخ تعیناتی	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۔ عہدہ سال تا دن۔ عہدہ سال (From/To) (D/M/Y to D/M/Y)

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 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 دفتری استعمال کے لئے (سی ٹی سی سٹاف کی جانب سے پُر جانے گا) (For official use only to be filled by CTC Staff)

Safety Warden (Position applied for) عہدہ رکھنا نام جس کے لئے درخواست دی گئی:
متوقع ہونے پر ترقیاتی تربیت کی متوقع تاریخ: (سال/ مہینہ/ دن) (Expected Date of Induction Training if selected)

(Personal Information) 1- ذاتی معلومات

Sheeraz Ahmed	(Full Name) مکمل نام	1.1	
43304-3228656-5	(CNIC No) شناختی کارڈ کا نمبر	1.2	
	دیگر شناختی نمبر (شناختی کارڈ نمبر نہ ہونے کی صورت میں) (Other Identification number if CNIC is not available)	1.3	
08-01-1993	(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)	1.4.1
Iqbal Ahmed	(Father's/Husband Name/ Name of i.e. Next Kin) والد/ شوہر/ پڑوسی/ شہسوار کا نام	1.5	
Father	(Relationship with Applicant) امیدوار کے ساتھ رشتہ	1.6	
un-Married	(Marital Status) ازدواجی حیثیت	1.7	
Male	(Gender) صنف		
Sindhi - Pathan	(Tribe) قبیلہ		
Pathan	(Ethnicity) ذات		
Sindhi	(Language) زبان		
Kakar Muhalla P.O Sultankot Dist. SHP	(Permanent Address) مکمل پتہ	1.8	
Sultankot	(District and Union Council) ضلع یا یونین کونسل		
AS ABOVE	(Present Address) موجودہ پتہ	1.9	
(Residence) رہائش 0304-6143031 (Mobile) موبائل	(Contact Detail) رابطہ کی تفصیل	2.0	
Asha.sheeraz2322@gmail.com (E-mail) ای میل	(Office) دفتر		
B.Sc 2nd	(Last Qualification) آخری تعلیمی سند	2.1	



Handwritten signature in purple ink.

ڪارڊ رڪنڊر جي صحيح

حڪومت پاڪستان

قومي سڃاڻپ ڪارڊ

43304-3228656-5

نالو : شبير ازا احمد

جنس : مرد

پيءُ جو نالو : اقبال احمد

سڃاڻپ جي نشاني : گچي ٽي ٽر

ڄمڻ جي تاريخ : 08/01/1993



عشان يوسف حسين

رجسٽرار جنرل جي صحيح



سڃاڻپ ڪارڊ نمبر: 43304-3228656-5 خاندان نمبر: NG6L17

هاڻوڪو پتو: ڪاڪڙ محلہ، سلطانی ڊسٽرڪٽ، تعلقو ۽ ضلعو شڪارپور

مستقل پتو: ساڳيو

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

گر ٿيل ڪارڊ ملڻ تي وسيعي ٿيل جي ڊيپي م وجهو



