

TRAINING &
CONSULTING

CHIP Training & Consulting (Pvt) Ltd			
Human Resource Department			
Documents Check List			
Designation	Safety Warden - VOC		
Name of Employee	Arif	Focal Person for file management	
Area/ Site	(Lyallpur) (Chhanta) (Bar)	CNIC No	33100-3441647-9
Date of Joining	8-10-2022	Resignation/ Termination Date	

S No:	Documents	If Received (✓)	Remarks (If Any)
1	Academic Credentials (verified by HEC)		
2	Experience Certificates		
3	Resume		
4	Employment Form		
5	Kinship Form		
6	Physical Verification Form		
7	Education and Dual Job Verification form		
8	Bank Detail Form		
9	Contract Letter In Hard Copy		
10	Security Clearance Form (If Applicable)		
11	Copy Of CNIC		
12	Passport size Photograph		
13	Sops Acknowledgement Form		
14	Joining Form		

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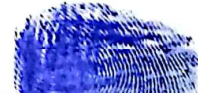
Bank Account Information	
Name of Employee	Arif
Designation	Safety Warden and VOC
Union Council / Area	88
District / Agency	Faisalabad
Contact No.	0300 7932534
CNIC No.	33100-3441647-9

Bank Account Title	(Saving Account) Current Account
Bank Name	MCB
Bank Address	Satiana Road
Bank Branch Code	0373
Bank Account Number (With IBAN)	1452 7663 7101 0311

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: 21-12-2023

Note:

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

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JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Arif
Position appointed to	Safety Warden and VOC
Department and/or Location of appointment	Chip Training and Consulting (CTC) (Lyallpur) (city) (Ghanta Ghar) Faisalabad
CNIC#	33100-3441647-9
CNIC Expiry Date	25-01-2027
Date of Joining	8-10-2022
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	

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 اعلیٰ شامل کے لئے (سی ٹی سی سٹاف کی جانب سے مبرا ہائے گا) (For official use only to be filled by CTC Staff)

..... (Position applied for) عہدہ کا نام جس کے لئے درخواست دی گئی
 (Expected Date of Induction Training if selected) منتخب ہونے پر تعیناتی تربیت کی متوقع تاریخ (سال میں درج)

1- ذاتی معلومات (Personal Information)

.....	.....	1.1
.....	.....	1.2
.....	.....	1.3
.....	.....	1.4
.....	.....	1.4.1
.....	.....	1.5
.....	.....	1.6
.....	.....	1.7
.....	.....	1.8
.....	.....	1.9
.....	.....	2.0
.....	.....	2.1

2- تعلیمی قابلیت (Qualification)

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

تمام تعلیمی و تکنیکل قابلیت کی اسناد کی فہرست تالیس (میٹرک سے شروع کریں)

گرید/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ/رہا حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
C	سائنس	میٹرک	گورنمنٹ سکول	1992
C	آرٹس	ایف - اے	ڈگری کالج	1995

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

Arif	(Name of Employer)	آجر کا نام	3.1
Ibn-e-mariam colony street # 7	(Employer's Address)	آجر کا مکمل پتہ	3.2
8-10-2022	(Date of Joining)	تاریخ تہناتی	3.3
Safety Warden and VOC	(Your Last Job Title)	آخری عہدہ	3.4
Bike sliding and VOC	(Main Duties)	اہم ذمہ داریاں	3.5
Abrar Hussain (Supervisor)	(Name & Title of your Immediate Boss)	مجاز آفیسر کا نام اور عہدہ	3.6
1000 + 33000 / =	(Gross Monthly Pay)	مجموعی ماہانہ عہدہ (روپے میں)	3.7

4- سابقہ ملازمتوں 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)
Dispenser	Dispenser	Al-madina Hospital	1998 تا 2010
Area manager	Area manager	Hayat Foundation	2010 تا 2012
Lab technician	Lab technician	Maqsood Hospital	2010 تا 2020

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 شادی سے بلا سے نہ ہو۔ بلکہ آپ کے کاروبار کام کے تجربے سے واقف ہوں۔

5.1	پہلا حوالہ	5.1	First Reference
Basharat	(Full Name)	عمل نام	
Ibne-mariam colony #2	(Full Address)	عمل پتہ	
0300 7631203	(Contact Number)	رابطہ نمبر	
Pervaiz	(Nature of association with you)	آپ کے ساتھ کام کی نوعیت	
5.2	دوسرا حوالہ	5.2	Second Reference
Waris pura Faisalabad	(Full Address)	عمل نام	
Waris pura Faisalabad	(Full Address)	عمل پتہ	
0300 7978507	(Contact Number)	رابطہ نمبر	
Friend	(Nature of association with you)	آپ کے ساتھ کام کی نوعیت	
5.3	تیسرا حوالہ	5.3	Third Reference
Shahid Anjum	(Full Name)	عمل نام	
Dawood Nagar Waris pura	(Full Address)	عمل پتہ	
0300 4037134	(Contact Number)	رابطہ نمبر	
Friend	(Nature of association with you)	آپ کے ساتھ کام کی نوعیت	

6-عمومی معلومات (General Information)

6.1	کیا آپ کو کوئی معذوریتی یا بیماری تو نہیں ہے، اگر ہاں تو تفصیل بتائیں	6.1	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 تو قرار نہیں پائے، اگر ہاں تو تفصیل بتائیں
No		6.3	آپ کے خیال میں درخواست سے متعلق کوئی ایسی معلومات جو اس فارم میں موجود نہیں آپ ہمیں بتا سکتے ہیں۔
No		6.4	اگر ہم آپ کو اپنے ادارے میں کام کرنے کے لئے بلائیں، آپ کتنے عرصہ میں ہمارے ساتھ کام کر سکتے ہیں؟
God will know this very well.		6.5	آپ کی توقع تنخواہ اور دیگر فوائد کی کیا امید رکھتے ہیں؟
So thousand			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؟
کیونکہ میں جب سے کام کر رہا ہوں، میرا زیادہ تر کام کمپنیوں سے ڈیل کرنے کا رہا ہے۔ مجھے لگتا ہے کہ میں لوگوں کو اچھے سے ڈیل کر سکتا ہوں۔

درخواست گزار کا حلف نامہ

میں تصدیق کرتا/کرتی ہوں کہ اوپر دی گئی تمام معلومات میرے علم اور یقین کے اندر مطابق ہیں، درست اور مکمل ہیں، بعد میں کسی بھی معلومات کے لحاظ ہونے کی صورت میں تاجری 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)

21-12-2023 تاریخ (Date)

Name of Candidate as per CNIC:	Arif	
S/D/W of:	Hanif Masih	
CNIC NO:	3 3 1 0 0 3 4 4 1 6 4 7 9	
Position Applied:		
Permanent address as per CNIC:	House No:	
	Street #:	street # 7
	Mohallah:	Ibn-e-mariam colony
	Village:	Faisalabad
	Sector/UC:	88
	Town /Tehsil:	Faisalabad
	District	Faisalabad
	Current Residential Address: (Kindly don't fill this section if permanent and residential addresses are same)	House No:
Street#		Street # 7
Mohallah:		Ibn-e-mariam colony
Village:		Faisalabad
Sector/UC		88
Town /Tehsil:		Faisalabad
District		Faisalabad
Signature & Date:		Date of Form Filling:	Signature of Applicant:
	Arif	21-12-2023

Disclosure of Relationship Form

(To be filled by Candidate)

I Arif S/D/W/O Haniif Masib Holding CNIC
33100-3441647-9, Resident of Ab-e-marjani colony # 7
 UC 88 Tehsil Faisalabad District
Faisalabad Candidate for the position of
Safety Warden and VOC 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:

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DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I Arif S/D/W/O Hanif Masih, holding
CNIC 33100-341647-9, Resident of Ujain Marginal Colony #7, UC
88 Tehsil Faisalabad, District Faisalabad Employee for
the position of Safety Worker and VOC 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

Date: