Application for Employment with CTC

Instructions

Read the whole form carefully before starting to fill it in.

Read the whole infire carring before starting to in this.

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 constructed 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) (8 این ساف کی بانب مرف وفتری استمال کے لئے (ی کی مناف کی بانب مے جرابات گا) Warden (Position applied for) 350=1302 & O-1802

	زاتی معلومات (Personal Information)	1	
			1.1
	FARHAN ARIF	مل نام (Full Name)	
	34104-4868763-9	شاختی کارؤ کا قبر (CNIC No:)	1.2
		ویگرشانتی نمر(شانتی کارڈ میسر نہ ہونے کی صورت میں) Other Identification number if CNIC is not available)	1.3
	2002/01/15	(Date of Birth (سال رمبين رون) المبين (سال رمبين (دن) (۲۲۲۲/MM/DD)	1.4
	المعلوم مين المعلوم مين المعلوم مين المحلوم ب المعلوم مين (DOB not (Only Year available) (Day, Month, Year Available)	ارخ پیدائش کا جائزہ لیں (کسی ایک پرفٹان لگا کیں) (Tick any One) (Check DOB)	1.4.1
	MUHAMMAD ARTE	(Father's/Husband Name/ والدرثو بررتونی رشته دارگام Name of i.e. Next Kin)	1.5
		(Relationship with Applicant) امیدوار کے ساتھ دشتہ	1.6
	Un-Married	(Marital Status) ازدواتی میثیت	
	MALE	(Gender) منف	
	INTE	(Tribe) قبيا	1.7
	Mehar	(Ethnicity)	
	Urdu, Punjabi, English	(Language) ناِن	
	House # 1828, MoH Shah Jamaal	(Permanent Address) = پر لکم	
	House It Stor Silver wood	الله المنابع في المنابع في (District and Union Council)	1.8
	Wazirabad, Dist Grijiranuala House # 1828, mot shot Jameal, Galher	(Present Address) = = ===============================	1.9
1 2 7	Gal(har (Residence) \$ 0330 - 431600 (Mobile) \$ (Office) \$	(Contact Detail) رابط کی تفصیل	2.0
to0800 100	6 Segnail. (E-mail) & (Office) >	(Last Qualification) ناری الله الله الله الله الله الله الله الل	2.

(Qualification) 2

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

نمام تعلی و تنفی قابلیت کی اسناد کی فیرست تعیس (میٹرک سے شروع کریں)

کی کراو پیژان (Grade/Division)	ا آثم مضائین (Major Subjects)	ر مینیک روافل کردو ڈگر کا (Certificate/ Degree Obtained)	اواره (Institution)	リレ (Year)

(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	ب بدوزگارین، تو گزشته مازمت کی تغییلات فراجم کری	رآپ في الحال
FARHAN ARTE	(Name of Employer)	3.1
House # 1828, MOH SHAH JAMAAC, GLAKHAR	(Employer's Address) تريكا كلية	3.2
31-08-2022	(Date of Joining) تاریخ تعیناتی	3.3
FRESHER	(Your Last Job Title) آتری میده	3.4
	(Main Duties) المرقدواريال	3.5
	(Name & Title of your المركانام اورعبده المستعدة (Name & Title of your المستعدة المستعدد)	3.6
	(Gross Monthly Pay) جوئ مابات عبده (روي ميل)	3.7

(P	ast Work Experience) جرجة	4_مابقدكام	
(List all the previous jobs held by you	starting from the earliest).	، کی تفصیل ، آخری ما زمت عشروع کریں	آپ کی تمام سابقه ما زمتوں کی فہرست
ا تهم د مداریاں (Main duties performed by you)	ميرو آ څري مير وپ ساارمت چيول (Position held by you when you left this employer)	まかけたどえて (Employer's Name & Address)	ودراني ان ميوندسال تادن ميوندسا (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:	FARH	AN ARIF
	17 (15)	
S/D/W of;	MUHAAM	IAD ARIF
CNIC NO:	3410	9448687639
Position Applied:		
Permanent address as		
per CNIC:	House No:	1828
	Street #:	
	Mohallah:	SHAH JAMAAL
	Village:	
	Sector/UC:	GAKHAR
	Town / Tehsil:	WAZIRABAD
	District	GUTRANWALA
n 'lastial		
Current Residential Address:	House No:	
(Kindly don't fill this	Street#	
section if permanent and residential addresses are	Mohallah:	
same)	Village:	
	Sector/UC	
	Town /Tehsil:	
	District	1 North
Signature & Date:	Date of Form Fillin	g: Signature of Applicant:
Signature & Date.	20- DEC-	



Disclosure of Relationship Form

UC G	A \ A		111-1-1		
Safety	AllHAR LWALA Warden	S/D/W/O	by Candidate) M. Arifa Se. # 1878	AABA onsultin	.П,
third party cont	ract for PTPP p	project, do here	by declare as unde	er:	
sister, husband, brother/father/ standard defini district or PTPP 2. That, if my employmer WHO to CTC at 3. The follo	wife, spouse, mother/sister- tion of "blood, or CTC offices selected for thint - any of my the earliest. owing blood/c	children, mat- law or any of /close relation is in the same pro- is position, I shabove said re- above said re- close relations (ernal and paternal other relationship " is employed un rovince where I are hall be bound to a lationship if the s (as mentioned in a	which der PTF m candid declare - ame join	r alia parents, broth aunt, niece, neph- could come into P project in the sa- date for this position- during the course has PTPP, CTC or/
within PTPP CI			Province/Distric	UC	Relationship
Name	Designation	Organization	t		

[CTC - HRO - NI - Recruitment & Selection - 7.8.6-d-003] [Locality Verification Form - Jan 2020]



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

(IO BE FILLED BY THE	holding
I FARHAN ARTE SONO STORY	M ARITE UC 1828, MOH SHAH TAMAAL UC District GUIRANWALAEmployee for
CNIC 34164-4868761-9, Resident of Hausette Cottakette of Hausette of	, DistrictGUIRANWALAEmployee for
the position of Safely warden With CHIP Train	ning & Consulting (174)
party contract for PTPP Project, do hereby declare as under:	tich comes under the category

- 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:

The following	owing are the deta		Working as	Department/	Private business,	Any other part time job
Name	Regular Student Of	Department/ Institute Name	employee with (Govt/Private)	Organization name	if any	time year

I do hereby solemnly affirm and declare that the information provided above is true and Declaration: correct and nothing has been concealed therein.

S	gnatu	re	
Date:			



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	FARHAN ARIE
Position appointed to	SAFETY WARDEN
Department and/or Location of appointment	RAHWALI FILLING STATION
CNIC#	34104-4868763-9
CNIC Expiry Date	07-02-2030
Date of Joining	31-08-2027
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	



Bank Account Information		
Name of Employee	FARHAN ARIF	
Designation	SAFETY WARDEN	
Union Council / Area	GHAKHAR	
District / Agency	GUJRANWALA	
Contact No.	0330-4316001	
CNIC No.	34104-4868763-9	

Bank Account Title	FARHAN ARIF
Bank Name	MCR
Bank Address	GAAKHAR
Bank Branch Code	0189
Bank Account Number (With IBAN)	PK12MUCR1453919041007399

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: 20-12-2023

Note:

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



[CTC - HRO - PTPP - Personal File Management - 7.8.5-u-040] [Personal File Check List - Jan 2020]

	CHIP Training & C	Consulting (Pvt) Ltd	
	Human Resou	rce Department	
	Document	ts Check List	
Designation		SAFETY	WARDEN
Name of Employee	FARHAN ARIF	Focal Person for file management	
Area/ Site	RAHWALI	CNIC No	34104-4868763-9
Date of Joining	31-08-2022	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		
	0		

[CTC - HRO - PTPP - Personal File Management - 7.8.5-u-040] [Personal File Check List - Jan 2020]

Marie Laborator State Control of the		

CTC Focal Person

Date

CTC HR Associate

Date