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 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	نعال کے لئے (ی لُ ی ساف کی جانب سے بحراجاتے) (d by CTC Staff)	مرف دفتر کاسنا
	ں کے لئے درخوات درگ گئ: (Position applied for)	عبده كانام جم
	پرتعیناتی تربیت کی متوقع تاریخ: (ممال مهیدرون) Expected Date of Induction Training i)	
اتی معلومات (Personal Information)	3_1	
لعمال افر	(Full Name) مکمل نام	1.1
37204-0113653-7	شناختی کاردهٔ کانمبر (:CNIC No)	1.2
	دیگر شاختی نمبر (شاختی کار د میسر ند ہونے کی صورت میں)	1.3
	(Other Identification number if CNIC is not available)	
25-10-1994	(Date of Birth (۱۱) (مال دمجيد اکش (مال دمجيد دون) (۲۲۲۲/MM/DD)	1.4
ان بمیدن سال معلوم کے سے سرف سال معلوم ہے تاریخ پیدائش معلوم ہیں (DoB not (Only Year available) (Day, Month, Year Available)	ارخ پیدائش کا جائز ، لیں (کی ایک پرنشان لگائی) (Tick any One) (Check DOB)	1.4.1
ئىر رفرى	(Father's/Husband Name/ والدرشو براته في رشته واركانام Name of i.e. Next Kin)	1.5
(self) 23	(Relationship with Applicant) ابددار کا کار اور	1.6
Oan Solin	(Marital Status) ازدوانی شیت	
3/2	(Gender) منف	
(-1/251	(Tribe) قبل	1.7
Glis.	(Ethnicity) زات	
2211 (2)34	(Language)	
disée , in les anishis 6013	(Permanent Address)	
طوال کرندازدرین	(District and Union Council) منافع بايونين كونسال	1.8
Old sole of of Hur of Use Jui	(Present Address)	1.9
(3) 5986738 (Residence) 3, 0336-01533 43 (Mobile) 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(Contact Detail) رابط کی انتخصیل	2.0
(BA) (12 3.7°	(Last Qualification) نتوی تفایی سند	2.1

(Qualification) عليى قابليت

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

تمام فلیم و گلیکن قابلیت کی اساو کی فہرت تعییں (میٹرک ہے شروع کریں)

(Grade/Division)	اتم مضاعین (Major Subjects)	ر الملكيات رجاص كرده وقر كرى (Certificate/ Degree Obtained)	اداره (Institution)	Ur (Year)
خرس	س تسني	52	راولسنری بورد	2010
in	بری الخبرات	(F. se) in popil	را دیسزی بورد	2012
in .	ماس کمپوللیش	(B.A) 30 36)	سرگردها بونورگ	2017

(Present Employment) موجوده ملازمت				
(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	۔ بےروز گار میں ،تو گزشتہ لما زمت کی تفعیلات فراہم کریں	اگرآپ فی الحال		
Chil Training & Consulting (CAC) PUT	(Name of Employer) (1827	3.1		
Chip House Plot #01, St # 08, G-812, ISB	(Employer's Address) تریم کمل پنة	3.2		
Selfember-08-2022	(Date of Joining) تاریخ تعیناتی	3.3		
Safty worden	(Your Last Job Title) آخری مبده	3.4		
Bike Straddling Staff grooming	(Main Duties) ایم ذمداریال	3.5		
M. Salcem (Supervisor)	(Name & Title of your المعروبية كانام اورعبده المعروبية المعروبية المعروبية المعروبية (Name & Title of your	3.6		
34,0001-	(Gross Monthly Pay) (روئے میں)	3.7		

(List all the previous jobs held by you	starting from the earliest).	ت کی تفصیل ، آخری لمازمت سے شروع کریں	آ _ کی اتمام سابقید لما زمتوں کی فہر
انم زمرداریال (Main duties performed by you)	ميره آ فرى ميد ديب ما زمت چيواري (Position held by you when you left thus employer)	ية المارادري (Employer's Name & Address)	دورانیه ن میند سال ۱۵ دن میند سال (From/To)
Doda Entry, filling Resort weathy	Office Assistant	Public Health Ergs DepH punjab (Unakwal)	(D/M/Y to D/M/Y) 04-09-2017 30-06-2022

(Re	والدجات (ferences	- 5			
we details of 3 references, not related to you by blood or marriage, ha can vouch for your character and work experience	عرداراوركام كريم بعيد والتساور	ولى إشادى سى برائد سىنداد، بك جواب	ویں، جن کا تعلق آپ کے کی ف	نين (٣) حواله جات	أ كم ادكم
BILAL AHMED		(Full Name)	تكىل ئام	ببلاواله	5.1
VILLAGE Multen Khurd, Tales	9	(Full Address)	نكمل يقد	First	
0311-85055 20	(112)	(Contact Number)	دايلنبر	Referee	
Working Fellow		(Nature of association with you)	آپ کے ساتھ کام کی		
M. Schoil		(Full Address)	ىمىل نام		
	0 1	(Full Address)	مكمل يط	دورا وال	5.2
VILLAGE Bhad Tensel Kal 0343-5868782	da Kanda	(Contact Number)	رابطه نمبر	Second	
		(Nature of association with you)	GKZLS -T	Referee	
working Fellow		with you)			
MS. TATTABA KOUSAR		(Full Name)	مكمل نام	تيراحواله	5.3
G-11/3 ISLAMABAD		(Full Address)	مكمل پية	Third	
0321-9393316		(Contact Number)	دابطنبر	Referee	
Supervisor		(Nature of association پومیت with you)	آپ کے ساتھ کام کی		
(General Inform	وی معلومات (mation	£_6			
NIL	Do you suffer from	any serious ailment or disability? It	وری یا بیماری تونهیں ہے، so, give details.		
NiL	کیا آپ بھی کمی کام کے سلیط میں جمر متو قر ارتبین پانے ،اگر بان و تقصیل بتا کمی Have you over been tried or considered for pay crime? If so, give full details.			6.2	
NiL	to your application	ا کی معلومات جواس فارم میں موجووٹییں آ mation not covered by this form wh			-
Immediate Basis	If an offer is made to	کے لئے بلا کیں ،آپ کتنے عرصہ میں ہارے you, how soon can you join to us?			1
50,000 with Yearly incre	mont What are your salary	and benefits expectations? المعتادة	اورد یگرفوائد کی کیاامیدر	پ کی متوقع تخواه	6.5
(Suitability to the Po					
(Briefly explain why you consider yourself suitable for the position of a constant or garded for organized and a constant organized.	in Admin	Ishedian Siela	ese my		
Commission of the Commission o	است گزار کا حلف نامه	<i>\$</i> 10			

المن العدالية في الدوريد كل قرام علومات مير علم اوريقين كيفين مطابق في درست اورتمل بين العدالي كل علوات كم الملوو في كامورت على تاوي كاروال كي المدوال أول المعالم المورد المورد

(NE.

20-12-2023



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

Name of Candidate as per CNIC:				
	NUMAN AKHTAR			
S/D/W of;	M. AKHT			
CNIC NO:	3720	401136537		
Position Applied:	SAFETY	WARDEN		
Permanent address as per CNIC:	House No:	/		
	Street #:	/		
	Mohallah:	/		
	Village:	LAPHI		
	Sector/UC:	Noor Pres		
	Town / Tehsil:	KALLAR KAHAR		
	District CHAKWAL			
Current Residential	House No:			
Address:	House No:	/		
(Kindly don't fill this section if permanentand	Street#	01		
residential addresses are same)	Mohallah:	RAILWAY ROAD		
	Village:	/		
	Sector/UC	/		
	Town / Tehsil:	CHAKWAL		
	District	CHAKWAL		
Signature&Date:	Date of Form Filling:	Signature of Applicant:		
	20-12-202	1		



Disclosure of Relationship Form

(To be filled by Candidate)

I Noman AKI	HTAR, S/D/1	N/O MAKHTAR HoldingCNIC 37204-0113653-7
Resident	of	VILLAGE LAPHT, TEHSIL KALLAR KAHAR,
UC. Noos Put	,Tehsil.	KALLAR KAHAR, District
CHAKI	WAL	
third party con	tract for PTPP pr	oject, 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/Distric	UC	Relationship
			t		
M					
SULEMAIN ALHTAR	SAFETY EVALOR	cte	PLUJAB (LAHORE)	-	BROTHER

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: 20-12-2023



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I NUMAN !	AKHTAR	,S/D/W/O	M. AKHTA	R	, holding
CNIC 32244-9.	113652-7	Resident of	VILLAGE	LAPHI	, UC
.N.001 Put	Tehsi	1KALLAR.KA	HAR, Distric	L. CHAKWAL	Employee for
the position of .SAF.	ET.YWARDE	N With CI	HIP Training & C	Consulting (Pvt) Ltd	d under its third
party contract for PT	PP Project, do he	reby declare as und	der:		

- 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
			Carlo State			
						44
	The same of the sa	in Codes				

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

Signature

Date: 20-12-2023



Bank Account Information			
Name of Employee	NUMAN AKHTAR		
Designation	SAFETY WARDEN		
Union Council / Area	KALLAR KAHAR		
District / Agency	CHAKWAL		
Contact No.	0336-0153343		
CNIC No.	37204-0113653-7		

Bank Account Title	NUMAN AKHTAR
Bank Name	UNITED BANK LIMITED (UBL)
Bank Address	SHAMSABAD RAWALPINDI
Bank Branch Code	1774
Bank Account Number (With IBAN)	PKS8UNIL0109000241754979

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.



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	HUMAN AKHTAR
Position appointed to	SAFETY WARDEN
Department and/or Location of appointment	ROYAL CITY FS CHAKWAL
CNIC#	37204-0113653-7
CNIC Expiry Date	19-05-2029
Date of Joining	Sept-08-2022
Date and Ref. No. of appointment letter	[ctc-HRO-Sw-contracting-7.8.7-d-002-1F/NN/F1]
Supervisors Comments	
Supervisors Signature	



PAKISTAN

National Identity Card





Name Numan Akhtar

アラファ



Father Name Muhammad Akhtar

Gender Country of Stay

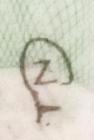
Pakistan

Identity Number 37204-0113653-7

Date of Issue 19.05.2019

> Date of Birth 25.10.1994

Date of Expiry 19.05.2029



Holder's Signature

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CHICANON SELECTION OF THE COMMENT OF

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Uman & motion

Registrar General of Pakistan

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Roll. No



University of Sargodha

Pakistan

2016

The Chancellor, University of Sargodha confers on

Numan Akhtar

son of Muhammad Akhtar of District Chakwal

who has fulfilled all the requirements of the program of study, the degree of

BACHELOR OF ARTS

He qualified the examination as a whole on 25th February 2017 securing 434 / 800 marks and was placed in 2nd Division.

lustra

Controller of Examinations

Sargodha

Chancellor



and Chemo

Under Section 23-Pakistan Citizenship Rules

No. 116547

APPENDIX-XIV

Dated: 17-7-2012

FORM 'P-1'

The Pakistan Citizenship Act, 1951(II OF 1951)

and the rules made there under or (vide rule 23)

CERTIFICATE OF DOMICILE

Whereas NUMAN AKHTAR	S/O MUHAMMAD AKHTAR
respect to humself / herself the partic	cate of domicile under the Pakistan Citizenship Act. 1951 (II of 1951), alleging with culars setout below and has satisfied the undersigned that the conditions laid down in ant of a Certificate of Domicile are fulfilled in the said
NUMAN AKHTAR	case.
NOW, Therefore, in pursuance of the said NUMAN	ne powers conferred by the said Act and the rules made there under, the undersigned AKHTAR this Certificate of Domicile.
n Witness whereof, I have hereto st	abscribed my name this day of 17-7-2012 District Coordination Officer, Chakwal
	FULL PARTICULARS RELATING TO THE APPLICANT
Full Name NUMAN AKH	TAR
S/O MUHAMMAD	AKHTAR
Address in Pakistan VILL&PO:	LAPHI, TEH:KALLAR KAHAR,DISTT:CHAKWAL
Place of Domicile LAPHI	
Domicile) Tehsil Kallar Kaha	District Chakwal Prov/Admn:PUNJAI
Date of Arrival in Place of Domic	ileSINCE BIRTH
Married/Single/Widow/Widower	Single
Name of Wife or Husband	N/A
Name of Children and their Ages	N/A
Frade or Occupation	JOBLESS ardination of the second of the seco
Mark of Identification	NIL Pakistan
	District Coordination Officer,

Chakwal