



Bank Account Information	
Name of Employee	ATTIQUE-UL-REHMAN
Designation	SAFETY WARDEN
Union Council / Area	HALA New
District / Agency	MATIARI
Contact No.	0305-3380780
CNIC No.	41301-8577481-7

Bank Account Title	ATTIQUE-UL-REHMAN
Bank Name	BANK ALFALAH
Bank Address	DARGAH ROAD HALA CITY
Bank Branch Code	0867 HALA BRANCH
Bank Account Number (With IBAN)	PK42ALFH0867001008074012

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: 24-12-23

Note:

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



**DECLARATION FORM**

**(TO BE FILLED BY THE EMPLOYEE)**

I ATTIQUE UL REHMAN.....S/D/W/O MUHAMMAD IBRAHEEM, holding CNIC 41301-85774817 Resident of HNo. 26 65/Bc..... UC HALA..... Tehsil HALA..... District MATIARI..... Employee 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, 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.

Attique  
Signature

24-12-23

Date:





### Disclosure of Relationship Form

(To be filled by Candidate)

I <sup>UL</sup> ATTIQUE REHMAN S/D/W/O MUHAMMAD IBRAHIM Holding CNIC 41301-8577481-7  
Resident HNO. 26 of ULSMAN FAKEM COLONY HALA NEW.  
UC HALA Tehsil HALA District  
MATTARI 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.

Attique  
Signature:

24-12-23  
Date:

<b>CHIP Training &amp; Consulting (Pvt) Ltd</b>			
<b>Human Resource Department</b>			
<b>Documents Check List</b>			
<b>Designation</b>	SAFETY WARDEN		
<b>Name of Employee</b>	ATTIQUE UL RAHMAN	<b>Focal Person for file management</b>	
<b>Area/ Site</b>		<b>CNIC No</b>	
<b>Date of Joining</b>	30-08-22	<b>Resignation/ Termination Date</b>	

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		
			✓





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

Name of Candidate as per CNIC:	ATTIQUE - UL - REHMAN	
S/D/W of;	MUHAMMAD IBRAIM	
CNIC NO:	4 1 3 0 1 8 5 7 7 4 8 1 7	
Position Applied:		
Permanent address as per CNIC:	House No:	26 65/BC
	Street #:	GULSHAN FAHEM COLONY
	Mohallah:	GULSHAN FAHEM COLONY HALA
	Village:	HALA NEW
	Sector/UC:	
	Town /Tehsil:	HALA NEW
	District	MATIARI
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		
Mohallah:		
Village:		
Sector/UC		
Town /Tehsil:		
District		
Signature & Date:	Date of Form Filling:	Signature of Applicant:
24-12-23	24-12-23	Attique



**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

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

**SAFETY WARDEN**

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

منتخب ہونے پر تعیناتی تربیت کی متوقع تاریخ: (سال/مہینہ/دن)

(Expected Date of Induction Training if selected)

**1- ذاتی معلومات (Personal Information)**

ATTIQUE-UL-REHMAN	(Full Name) مکمل نام	1.1
41301-8577481-7	(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
02-02-1996	(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"/> دن، مہینہ، سال معلوم ہے (Day, Month, Year Available)	1.4.1
MUHAMMAD IBRAHIM	(Father's/Husband Name/ Name of i.e. Next Kin) والد/شوہر/رہنوی رشتہ دار کا نام	1.5
FATHER	(Relationship with Applicant) امیدوار کے ساتھ رشتہ	1.6
SINGLE	(Marital Status) ازدواجی حیثیت	1.7
MALE	(Gender) صنف	
	(Tribe) قبیلہ	
SOOMRO	(Ethnicity) ذات	1.8
SINDHI	(Language) زبان	
H-NO-26 GULSHAN FAHEM COLONY	(Permanent Address) مکمل پتہ	1.8
MATIARI HALA NEW	(District and Union Council) ضلع یا یونین کونسل	
HNO. 26 GULSHAN FAHEM COLONY	(Present Address) موجودہ پتہ	1.9
0305-3380780 (Mobile) موبائل نمبر	(Contact Detail) رابطہ کی تفصیل	2.0
(E-mail) ای میل	(Office) دفتر	
B.A GRADUATE	(Last Qualification) آخری تعلیمی سند	2.1

**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 (میٹرک سے شروع کریں)

گریڈ/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ/درجہ حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
1st CLASS	ARTS	BACHELORS OF ARTS	UNIVERSITY OF SINDH	2019

**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 مکمل پتہ	3.2
(Date of Joining)	تاریخ تیسرنا	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 ذمہ داریاں 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)



**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 کم از کم تین (3) حوالہ جات دیں، جن کا تعلق آپ کے کسی خونی یا شادی سے جڑے رشتہ سے نہ ہو، بلکہ جو آپ کے کردار اور کام کے تجربے سے واقف ہو۔

IMTIAZ THEEM	(Full Name)	کامل نام	5.1 پہلا حوالہ First Referee
SUDHRA MUHALA HALA NEW	(Full Address)	کامل پتہ	
0301-3596065	(Contact Number)	رابطہ نمبر	
FRIEND	(Nature of association with you)	آپ کے ساتھ کام کی نوعیت	
AKBAR ALI	(Full Name)	کامل نام	5.2 دوسرا حوالہ Second Referee
SUDHRA MUHALA HALA NEW.	(Full Address)	کامل پتہ	
0305-3580252	(Contact Number)	رابطہ نمبر	
FRIEND	(Nature of association with you)	آپ کے ساتھ کام کی نوعیت	
DUR MUHAMMAD	(Full Name)	کامل نام	5.3 تیسرا حوالہ Third Referee
DARGAH ROAD HALA New	(Full Address)	کامل پتہ	
0301-3569874	(Contact Number)	رابطہ نمبر	
FRIEND	(Nature of association with you)	آپ کے ساتھ کام کی نوعیت	

**6-عمومی معلومات (General Information)**

No	6.1	کیا آپ کو کوئی معذوری یا بیماری تو نہیں ہے، اگر ہاں تو تفصیل بتائیں 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 Have you ever been tried or convicted for nay crime? If so, give full details.
No	6.3	آپ کے خیال میں درخواست سے متعلق کوئی ایسی معلومات جو اس فارم میں موجود نہیں آپ ہمیں بتا سکتے ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application
CONTINUE	6.4	اگر ہم آپ کو اپنے ادارے میں کام کرنے کے لئے بلائیں، آپ کتنے عرصہ میں ہمارے ساتھ کام کر سکتے ہیں؟ If an offer is made to you, how soon can you join to us?
FOURTY FIVE THOUSENDS <sup>+</sup>	6.5	آپ کی متوقع تنخواہ اور دیگر فوائد کی کیا امید رکھتے ہیں؟ 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؟

**درخواست گزار کا حلف نامہ**

میں تصدیق کرتا کرتی ہوں کہ اوپر دی گئی تمام معلومات میرے علم اور یقین کے عین مطابق ہیں، درست اور مکمل ہیں، بعد میں کسی بھی معلومات کے غلط ہونے کی صورت میں تادیبی کارروائی 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.

Ahtiam

امیدوار کے دستخط  
(Candidate's Signature)

24-12-23

تاریخ (Date)





## CHIP TRAINING & CONSULTING

### JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	ATTIQUE - UL - REHMAN
Position appointed to	SAFETY WARDEN
Department and/or Location of appointment	DEPLOY. AT: LATIF AND COMPANY HYDERABAD. TERRITORY.
CNIC#	41301-8577481-7
CNIC Expiry Date	28-03-26
Date of Joining	30-08-22
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	



سڃاڻپ ڪارڊ نمبر: 41301-8577481-7 خاندان نمبر: LV7M9F

هائوڪو پتو: پاڙو گلشن فهيم ڪالوني، گهر نمبر C-S NO 65/B-C، پالا  
تعلقو هالا، ضلعو مٽياري

مستقل پتو: ساڳيو

جاري ٿيو: 28/03/2016 ختم ٿيندو: 28/03/2026

گم ٿيل ڪارڊ ملڻ تي ويجهي ٽپال جي دٻي ۾ وجهو







حکومت پاکستان

قومی سچائیپ کارڈ

41301-8577481-7

نالو : عتیق الرحمن

جنس : مرد

پيءُ جو نالو : محمد ابراهيم

سچائیپ جي نشانی : ڪا به نه



عثمان يوسف مبین

ڄمڻ جي تاریخ : 02/02/1996

ڪارڊر ڪنڊرڙ جي صحيح

رجسٽرار جنرل جي صحيح



