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.



| (For official use only to be filled | ستعال کے لئے (ی ٹی می شاف کی جانب ہے مجراجائے گا) I by CTC Staff | مرف دفتری |
|---|---|-------------|
| *************************************** | س کے لئے درخواست دی گئی: (Position applied for) | عبده كا نام |
| *************************************** | ، پرتعیناتی تربیت کی متوقع تاریخ: (مال رمهیدنردن) | |
| | (Expected Date of Induction Training if | selected) |
| زاتی معلومات (Personal Information) | E1 Digmonth States | |
| Ghulan Habib | کمل نام (Full Name) | 1.1 |
| 13503-0454375-7 | شاختی کارؤ کافمبر (:CNIC No) | 1.2 |
| | دیگر شاختی نمبر (شاختی کار ذمیسر نه ہونے کی مورت میں) | 1.3 |
| | (Other Identification number if CNIC is not available) | |
| 1996-03-02 | (Date of Birth (مال رمبية مردن) المبية (مال رمبية مردن) (YYYY/MM/DD) | 1.4 |
| ں مہینہ سال معلوم ہے کی صرف سال معلوم ہے تاریخ پیدائش معلوم نہیں ⊡ (DoB not (Only Year available) (Day, Month, Mentioned) Year Available) | تاریخ پیدائش کا جائز دلیں (کسی ایک پرنشان لگائمی) (Tick any One) (Check DOB) | 1.4.1 |
| Gihulam Rasool | (Father's/Husband Name/ الدرثو بررخوني رشة داركانام Name of i.e. Next Kin) | 1.5 |
| Father | امیدوارکے ماتھ دشتہ (Relationship with Applicant) | 1.6 |
| Married | (Marital Status) ازدوا بی صفیت | - |
| Male | (Gender) فنف | |
| Qureshi | (Tribe) ياير | 1.7 |
| Quresh | (Ethnicity) دات | _ |
| Hindka | (Language) | |
| Rehber Colony near Khizri Masjid HMC Taxila, Rawalpindi- | (Permanent Address) = نمان | 1.8 |
| Usman Khatal | ضافه پایو نین کونسل (District and Union Council) | 1.0 |
| Same as above | (Present Address) 27039.30 | 1.9 |
| Taxfla (Residence)が、03045564647 (Mobile)が、 (E-mail) よび - (Office) さ | (Contact Detail) رابط کی تفصیل | 2.0 |
| BS Energy Engineering | (Last Qualification) آخري تعليمي سند | 2.1 |

(Qualification) تعلیمی قابلیت

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

تمام تعلیمی جمنیکی قابلیت کی اسناد کی فہرست لکھیں (میٹرک سے شروع کریں)

| گریڈرو (Grade/Division) | ایم مضایین (Major Subjects) | مرٹیفکیٹ رحاصل کردہ ڈگری (Certificate/ Degree Obtained) | اداره (Institution) | مال (Year) |
|----------------------------|--------------------------------|---|------------------------|---------------|
| Α | Science | 55 C | FBISE | 2012 |
| A | Mechanical | DAE | PBTE Lahore | 2017 |
| Α | Energy | BS Energy | UET Taxila | 2021 |

| (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). | ں بےروز گار ہیں، تو گزشتہ ملازمت کی تفصیلات فراہم کریں | اگرآپنیالحال |
| Gihulam Habib | (Name of Employer) CELT | 3.1 |
| Rehber Colony near Khizri masjid HMC Toxila. | آجريا کمل چة (Employer's Address) | 3.2 |
| 22 Sep 2022 | (Date of Joining) تاریخ تعیناتی | 3.3 |
| Sajety Wardan | آخری عبده (Your Last Job Title) | 3.4 |
| | (Main Duties) ابم ذمدداریال | 3.5 |
| Working on Bike Straddling Project M. Saleem | (Name & Title of your المارة فيسركانام اورعبده | 3.6 |
| 34,000/- | (Gross Monthly Pay) (روبي مين) اندعبده (روبي مين) | 3.7 |

(Past Work Experience) سابقه کا مجربه

| ויא בי הכוראַט (Main duties performed by you) | عهده آخری مبده (جب ما زمت چورژی (Position held by you when you left this employer) | اله پخ (Employer's Name & Address) | وماني ن-ميز-مال يحود مال (From/To) (D/M/Y to D/M/Y) |
|--|---|---------------------------------------|--|
| | | | |
| | 19 | | |
| | | | |

5-حواله جات (References)

Give details of 3 references, not related to you by blood or marriage.

آپ از کم تین (۳) تواله جات دین، شن کافعل آپ کے کی تو فی ایٹ دی سے ندیو، بلد جو آپ کے کرواراور کام کے تجربے سے واقف ہو۔ ffeh Raja Hammad (Full Name) يبلاحواله colony Near Khizzi Masjid HMC (Full Address) First 0318 833 0533 (Contact Number) Referee (Nature of association Neighbour with you) Tahir inuhammad (Full Address) colony near khizri masjd ItMC (Full Address) دوسرا حواليه 5.2 0314 53 80632 (Contact Number) Second Referee Neighbour. (Nature of association with you) Nasir كمل نام (Full Name) 5.3 تيسرا حواليه Khizri masjid HMC Rehber Colony near (Full Address) Third 0342 \$350354 (Contact Number) Referee آپ کے ساتھ کام کی نوعیت Nature of association) Neighboul with you) 6-عموى معلومات (General Information) 6.1 كياآب كوكونى معذورى يابيارى تونييس ب، اگربال تو تفصيل بنائيس Nil erious ailment or disability? If so, give details. 6.2 كياآ بمحكى كام كيسلط من جرم وقرار نيس باع ، أكربان وتفسيل بناكي Nil 6.3 أب ك خيال مين درخواست من متعاق كو كي الي معلومات جواس فارم مين موجود نيين آب بمين بتاسكة رسكتي بين Nil Give any other information not covered by this form which in your opinion is relevant 6.4 اگر بھمآپ کو بنا ادارے میں کام کرنے کے لئے بلائیں،آپ کتنے عرصہ میں ہمارے ساتھ کام کر سکتے ہیں؟ Soon as Passide If an offer is made to you, how soon can you join to us? 8.5 آپ کی متو تع تنواواورد گیرفواکد کی کمیا امیدر کھتے ہیں؟ What are your salary and benefits expectations? Aproximately 7-عهده کی موزونیت (Suitability to the Position) آب ك خيال من آب كيون السعيد وكم الني زياد وموزون مين؟ (Briefly explain why you consider yourself suitable for the position you have applied for) best knowledge and degree. Which will grow your have Because this project which will about company repatition. درخواست گزار کا حلف نامه ہیں اسدین جارتی تی میں کیا ہے میں مادیا ہے میر یے مادر المین سے تارہ طابل تی درست اور کمل ہیں، بعد میں سمج معاومات کے فاط ہوئے کی صورت میں تاد ہی کاروائی کی و صدواری قبول کرتا رکر تی ہوں۔ I contirm and certify that the information given above is true, correct and complete to the best of my knowledge and beleff. I accept responsibility for any missiatement that be subsequently discovered. 20-12-2023 اميدوار كروسخط

(Candidate's Signature)

[Locality verification form jan 2020]



Disclosure of Relationship Form

| | | | (To be filled | d by Candida | ate) | | | |
|-------|-------|-------------------------------|----------------|----------------|----------|------------|---------------|---------|
| I | G | hulam Habib | S/D/W/ | o Ghula | m Ras | امير ا | olding (| CNIC |
| 1350 | | 4\$4375-7 _{, Reside} | | zer colony | | | ri masjid | HMC |
| UC | | isman khate | L, | Tehsil | Taxil | λ | , Di | istrict |
| a.s | RO | walpindi | | Candidate | for | the | position | of |
| 70 | tety | Waldan | with | CHIP Training | g & Cons | sulting (P | vt.) Ltd. und | ler its |
| third | party | contract for PTPP | roject, do hei | eby declare as | under: | | | |

- That none of my blood/close relations which may include inter alia parents, brother, 1. 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.
- 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.
- The following blood/close relations (as mentioned in article 01 above) are employed 3. within PTPP CTC or WHO as of the date mentioned below:

| Name | Designation | Organization | Province/Distric | UC | Relationship |
|------|-------------|--------------|------------------|----|--------------|
| | | | t | | |
| | | | | | |
| | | | | | |
| | (***) | | | | |
| | | - | | | |
| | | | | | |
| | | | | | |

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:

| TRAIN | ING & |
|-------|--------|
| | JLTING |

DECLARATION FORM

| Consortina | (TO BE | FILLED BY T | HE EMPLOY | EE) | | |
|--|---|---|---|------------------------|---------------------------------|------------------------------------|
| I GhUam CNIC 13503-0 USman Khate the position of party contract for PT | Habib 2454375-7, 29, Tehsil Safely Wax | ,S/D/W/O Resident of Toxila dan With CF | Ghulam Rehbey (Distric IIP Training & (| Riasoal Olony Taxil | , ho Employ Ltd under its | olding UC ree for s third |
| | | | | | | |

- 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 |
|------|-----------------------|----------------------------------|---|-------------------------------------|--------------------------|----------------------------|
| | | | | | | |
| | | | Nid | | | |
| | | | | | | |

<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.

Date: 20-12-2023



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

| Name of Candidate as per CNIC: | GHULAM | HABIB | | | |
|---|---------------------|----------------------------|--|--|--|
| S/D/W of; | GHULAM RASOOL | | | | |
| CNIC NO: | 1 3 5 0 | 304543757 | | | |
| Position Applied: | Safety Wardan | | | | |
| Permanent address as per CNIC: | House No: | _ | | | |
| | Street #: | Near Khizri Masjid | | | |
| | Mohallah: | Rehber Colony | | | |
| - | Village: | Taxila | | | |
| , | Sector/UC: | Usman Khatal | | | |
| | Town /Tehsil: | Taxila | | | |
| | District | Rawalpindi. | | | |
| 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 | | | | |
| Signature & Date: | Date of Form Fillin | g: Signature of Applicant: | | | |
| - | 20-12-20 | 223 411/4 | | | |



| Bank Account Information | | |
|--------------------------|---------------------|--|
| Name of Employee | Gihulam Habib | |
| Designation | Safety Wordan | |
| Union Council / Area | Usman Khatar | |
| District / Agency | Rawalpindi, Taxila. | |
| Contact No. | 0304-5564647 | |
| CNIC No. | 13503-0454375-7 | |

| Bank Account Title | Ghulam Habib |
|---------------------------------|--|
| Bank Name | United Bounk Limited (UBL) |
| Bank Address | Rabani Malket, Property NO 1/1-R-50, Khasra NO-1329, Faisal Shaheed road Taxila (47080) |
| Bank Branch Code | 0790 |
| Bank Account Number (With IBAN) | PK08UNIL0109000282374435 |

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 | Gihulam Habib |
|---|---|
| Position appointed to | Safety Walden |
| Department and/or Location of appointment | Abbottabad |
| CNIC# | 13503-0454375-7 |
| CNIC Expiry Date | 14-03-2033 |
| Date of Joining | 22 Sep 2022 |
| Date and Ref. No. of appointment letter | 22 Sep2022 CTC-HRO-SW-contracting-7.8.7-d-002 |
| Supervisors Comments | |
| Supervisors Signature | |



University of Engineering and Technology Taxila

In recognition of the fulfillment of prescribed requirements on 25th August 2021

Ghulam Habib

son of

Ghulam Rasool

is admitted to the degree of

BACHELOR OF SCIENCE

IN

ENERGY ENGINEERING TECHNOLOGY

He obtained CGPA Three Pt Four Four 3.44/4.00

Controller of Examinations

Taxila Pakistan

The 06 JAN 2022

Countersigned

M Sarwan Chancellor λ1 P 23 44 Accil Under Section 23-Pakistan Citizenship Rules

16 · 7 · 14 APPENDIX-XIV

No. RWP-7-2014-1596

Dated: <u>16-7-2014</u>

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 GHULAM HABIB | S/O GHULAM RASOOL |
|---|---|
| respect to himself / herself the p | rtificate of domicile under the Pakistan Citizenship Act. 1951 (II of 1951), alleging with particulars setout below and has satisfied the undersigned that the conditions laid down in e grant of a Certificate of Domicile are fulfilled in the said |
| GHULAM HABIB | casc. |
| NOW, Therefore, in pursuance of hereby grants to the said GHI | of the powers conferred by the said Act and the rules made there under, the undersigned this Certificate of Domicile. |
| In Witness whereof, I have here | to subscribed my name this day of 16-7-2014 |
| | for District Coordination Officer, Rawalpindi FULL PARTICULARS RELATING TO THE APPLICANT |
| Full Name GHULAM | HABIB |
| S/O GHULAM | RASOOL |
| Address in Pakistan REHB | ER COLONY HMC TAXILA |
| Place of Domicile REHB | ER COLONY HMC TAXILA |
| (Domicile) Tehsil Taxila | District Rawalpindi Prov/Admn:PUNJAB |
| Date of Arrival in Place of De | omicile Since 2012 |
| Married/Single/Widow/Widov | ver Single |
| Name of Wife or Husband | N/A |
| Name of Children and their A | ges N/A |
| Trade or Occupation | Student |
| Mark of Identification | for District Coordination Officer, Rawalpindi |



