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

(Qualification) قابليت

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

تمام العليي وتنيكي قابليت كاسنادكي فهرست كعيس (ميٹرك سے شروع كري)

گریدُویژن (Grade/Division)	اتم مضافین (Major Subjects)	ر مینکیک روامل کردودگری (Certificate/ Degree Obtained)	اداره (Institution)	リレ (Year)
and and	ARTS	MATRIC	BISE	2002
	ARTS	F.A	BISE	2007
	ARTS	8.A	ALOU	2017

بوجوده لما زمت (Present Employment)	A STANDARD OF THE STANDARD STANDARD	
Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	ل بےروزگار ہیں، تو گزشتہ لما زمت کی تفصیلات فراہم کریں	رآپ في الحا
CTC	(Name of Employer) / tk2.7	3.1
ISLAM ABAD	(Employer's Address) آجرکا کمل پت	3.2
october -22	(Date of Joining) تاریخ تعیناتی	3.3
Safoty warden	(Your Last Job Title) آڅري مېده	3.4
BOKE Greddhnoj	(Main Duties) انهم ذمدداریال	3.5
AKBAR ZAIB	(Name & Title of your مياز آفيسر كانام اورعبده	3.6
34000/5	(Gross Monthly Pay) مجموعی ما انتظامیه (رویدیش)	3.7

(List all the previous jobs held by you,	st Work Experience) ربه starting from the earliest).	and the state of t	: (.
ויم נהגונעןט (Main duties performed by you)	مېدو آخرىمېدوچپ الارت مچورژى (Position held by you when you left this employer)	پرست کی تفصیل ، آخری ملازمت سے شروع کریں آجرکا تام اور پیتر (Employer's Name & Address)	اپی نمام سابقه ملاز متول کاد دورانیه ن-مهینه سال کادن -مهینه سال (From/To) (D/M/Y to D/M/Y)
SITE HSE OFFICER	safely office	Descon EnglaHeRE	
Site Sufferwide HSE			
	The state of the s	ATIMAD Eng KARACH	, 2020

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5_تواله جات (References)				
Give details of 3 references, not related to you by blood or marriage, who can vouch for your character and work experience	ں، جن کا تعلق آپ کے کی خولیما شادی سے بڑے دشتہ سے میں بک جا	غن(۳)حالهات.	آپگمازگم	
Ummad Ach.	(Full Name) را ممل	بہلادالہ	5.1	
SANJAR PUR SANIA ARAD	(Full Address) ممل پیتہ	First		
0200-3547228	(Contact Number) رابطهم	Referee		
ADMIN	(Nature of association يتي كيماته كام كي لوعيت with you)		Samuel .	
BILLAP Apmed	(Full Address) مل نام			
club Road Rahim Var Klou	(Full Address) يتة	دومرا حاله	5.2	
0302 - 3652145	رالط تمبر (Contact Number)	Second Referee		
	(Nature of association پنے کے ساتھ کام کی نوعیت with you)	Kelelee		
Muhmmad Naccem	(Full Name) רשלטים אלטים	112. 2	5.3	
Near case Sifawal sadig Abed	(Full Address) ممل پیة	تيرا حاله Third	0.3	
0307-4456777	(Contact Number) رابط تمبر	Referee	42	
Menogres	(Nature of association آپ کے ساتھ کام کی توعیت with you)	-32		

(General Information) هوني معلومات (General Information)		
No	6.1 کیا آپ کوکوئی معذوری یا بیاری تونبین ہے ،اگر ہاں تو تفصیل بتا کیں Do you suffer from any serious ailment or disability? If so, give details.	
NO	6.2 کیا آپ بھی کی کام کے سلط میں جم م قر ارتہیں یا ہے، اگر ہال و تفصیل تا کیں Have you ever been tried or convicted for nay crime? If so, give full details.	
No	- معلی معلی ورخواست مے متعلق کوئی ایمی معلومات جواس فارم میں موجود بیس آپ جمیں ہتا گئے رحمتی ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application	
Availaba	ہے۔ 6 اگر ہم آپ کو یہ ادارے ش کا م کرنے کے لئے بلاکس ،آپ کتے عرصہ بن ادارے ساتھ کا م کر سکتے ہیں؟ If an offer is made to you, how soon can you join to us?	
60,000	6.5 آپ کی متوقع تخواه اور دیگر فوائد کی کمیا امیدر کھتے ہیں؟ What are your salary and benefits expectations?	

ه کی موز وزیت (Suitability to the Position)	ц-7
(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؟
I am Suitabl for this Jab	becaus I have the Skills,
(Briefly explain why you consider yourself suitable for the position you have applied for). I am Suitabl for this Jab Bualifies and knowledge and the Requirements of the	Top disesiphon.
the Regional of	

ورخواست گرار کا جلف نامند ش تقدیق کرتار کرتی بول کداد پردی گئی تمام معلومات میر علم اوریقین کے مین مطابق کی ورست اور کمل ہیں، بعد میں کی جم معلومات کے خلط ہونے کی صورت میں تادیج) کاروائی کی ذر داری تیول کرتا رکرتی بول I confirm and certify that the information given above is true, correct and complete to the best of my knowledge and beleif. I accept responsibility for any misstalement that be subsequently discovered.

> امیدوار کے دستخط (Candidate's Signature)

19-12-2023 Est (Date)



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:	AMMAR ALI:					
S/ D/W of;	MEHMOOD AHMED					
CNIC NO:	3 1 3 0 4 9 2 8 6 1 6 0 3					
Position Applied:		SAPIETY				
Permanent address as per CNIC:	House No:					
	Street #:	MASSID NIMRA STREET				
	Mohallah:	NEAR AU GARH School				
	Village:	SANTAR PUR				
	Sector/UC:	UC Sanger Pus				
	Town /Tehsil:	SADIR ABAD				
	District	SADIC ABAD RAHIM YAR KIHAN				
Current Residential	House No:					
Address: (Kindly don't fill this	Street#	SAME				
section if permanent and residential addresses are	Mohallah:					
same)	Village:					
	Sector/UC	UC Compartur, 5/43/19				
	Town/Tehsil:	Sail A Atack , Wight				
	District	g: Signature of Applicant;				
Signature & Date:	Date of Form Fillin	2.3 //www.				

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



DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

	the posit	MMAR. A 2.1304-928 1. JAR. PUR ion of		With CHI	P Training & Co	JAR PAR JAR PAR Baking YARKI Onsulting (Pvt) Ltd	Employee for under its third
 2. 3. 4. 	of regular That, I a business I shall business I shall business I shall business I shall be liable	ar studies and that m not employed by registered in my re bound to declare making a false or	currently I am by any government ame nor am a condition during the condition of the conditi	not taking any rement department of ctive partner in far ourse of my employatement when appreciate, on discover	gular classes. or private organize mily business. oyment – any of plying for this p y of such falseho	which comes under zations neither have the above mention position with the co good or misrepresen	e I any private ed scenarios. ompany, I will
	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

<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.

Ylen

Signature

Date:



Bank Account Information		
Name of Employee	AMMAR ALI	
Designation	SAFETY WARDEN	
Union Council / Area	SANJAR RR	
District / Agency	RAHIM YAR Khan	
Contact No.	0300 3547 221	
CNIC No.	31304-9286160-3	

Bank Account Title	AMMAR Ali	
Bank Name	MCB	
Bank Address	old Bus Stop Branch Sadig As	
Bank Branch Code	0807	
Bank Account Number (With IBAN)	1 145777200100 8490	

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)

Datad:

Note:

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



[CTC – HRO – PTPP – Recruitment & Selection – 7.8.5-c-037] [Field Joining Form – Jan 2020]

CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	AMMAR ALI
Position appointed to	Calify was den
Department and/or Location of appointment	AMMAR ALI Safety Warden Faheel Petroleum Sadig Abad 31384-9286160-3
CNIC#	31304-9286160-3
CNIC Expiry Date	03-03-2025
Date of Joining	
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	