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

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 fill	تعال کے لئے (ی ٹی می شاف کی جانب ہے مجراجائے گا) (ed by CTC Staff	رف دفتر ی است
SW · OB	ں کے لئے درخوات دگ گیا: (Position applied for)	عدوكانام
	رِتعیناتی تربیت کی متوقع تاریخ: (سال رمهیندرون)	منتخب ہونے
	(Expected Date of Induction Training in	
اتی معلومات (Personal Information)	U-1	
ئے مار الزم در 7- 33401-0388121	(Full Name) ملنام	1.1
33401-0388111-7	شاختی کارڈ کانمبر (:CNIC No)	1.2
	وگرشاختی نمبر (شاختی کار ڈمیسر نہ ہونے کی صورت میں)	1.3
	(Other Identification number if CNIC is not available)	
62-11-1996	(Date of Birth (YYYY/MM/DD) (۲۲۲۲/MM/DD)	1.4
رن بمبین سال معلوم ہے کے مرف سال معلوم ہے اور تی پیدائش معلوم تیں ا (DOB not (Only Year available) (Day, Month, Year Available)	تاریخ پیدائش کا جائزہ لیں (کسی ایک پرختان لگا کیں) (Tick any One) (Check DOB)	1.4.1
ظرر المب	(Father's/Husband Name/ والداشو برافونی رشتددار کام Name of i.e. Next Kin)	1.5
وا لبر	(Relationship with Applicant) امیدوارکے ساتھ دشتہ	1.6
مثاری شره	(Marital Status)	
)/	(Gender) منف	
ور بجعور	(Tribe) مَبِلہ	1.7
9 ²⁵ , 13	(Ethnicity)	
اررد	(Language)	
ور منع نزارواله تخویل د منابع فیمو کی	(Permanent Address) ممل پت	
UC-11	(District and Union Council) صلع يايونين كونسل	1.8
مر ملع مرار والم	(Present Address) چونوچ	1.9
(Residence) الله الله (Mobile) الله الله (E-mail) الله الله (Office) الله الله الله الله الله الله الله الل	(Contact Detail) رابطه کو تفصیل	2.0
(1.3) かり-は.	(Last Qualification) آخري تعليي مند	2.1

(Qualification)	و تعليي قابلت
(- mail only)	

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

تمام تعلیی و کینیکی قابلیت کی اسناد کی فہرت کھیں (میٹرک سے شروع کریں)

کر پُدراویژن (Grade/Division)	ا بم مضائين (Major Subjects)	مرمیفیکید رحاصل کرده ذگری (Certificate) (Degree Obtained	اواره (Institution)	بال (Year)
В А А	Computer-S Civic Political science M.A. English	Matric F.A B.A M.A	BIS-FSD BIS-FSD GCUF GCUF	2012 2014 2018 2021

موجوده ملازمت (Present Employment)	3	
(Give details of your present employment. (If you are currently unemployed, give these details in respect of the last employment held by you).	ب دوزگار بین، تو گزشته ملازمت کی تضیلات فراہم کریں	رُ _{آپ} في الحال
فير عا مرالة وخم	(Name of Employer) (Name of Employer)	3.1
مو فنه برارواله تخفیل ایندوندوک فیمون	(Employer's Address) مرايحة	3.2
	ارخ تعیناتی (Date of Joining)	3.3
مجل مجر	(Your Last Job Title) آخری عبده	3.4
~ bty,	(Main Duties) ابم ذمدداریال	3.5
Mala, ii	(Name & Title of your اورعبده الmmediate Boss)	3.6
3 5000	(Gross Monthly Pay) (دویای اور کا انتظامی کا انتل	3.7

(Pa	st Work Experience) جَرِّج	4_سابقه کام کا	
(List all the previous jobs held by you,		رت کی تفصیل، آخری ملازمت ہے شروع کریں	آ
ایم ذمداریاں (Main duties performed by you)	ا تری مجده به بازت مجوزی (Position held by you when you left this employer)	Employer's Name & Address)	ووراني رن ميميذ سال تادن ميميذ سال (From/To) (D/M/Y to D/M/Y) 18-7-22

(Refere	ences)والهجات	cara, bis			
Give details of 3 references, not related to you by blood or marriage, who can vouch for your character and work experience	آپ کرداراورکام کے تجربے سے واق	ا ایا شادی سے جزے دشتہ سندوں ملکہ ج	دی، جن کافعل آپ کے کمی خوا	غن(۳) والدبات	آ پگمازگم
תונה נ ^{כן} נ	فرعاب موفع مراروالا	(Full Name) (Full Address)	مکمل نام مکمل پی _ن	پېلاحواله First	5.1
0322-7819355	11 214 5	(Contact Number) (Nature of association with you)	رابط نمبر آپ کے ساتھ کام کی نوع	Referee	
رور رح ۱۷۱ میرار و درگه جمنوری 03227819355	مرفع برادرا	(Full Address) (Full Address) (Contact Number) (Nature of association	مسل نام ممل یة رابط نمبر آپ کے ساتھ کام کی نو	دومرا تواله Second Referee	5.2
روالم 17899ع-1859	المراكم المراكم موضع سرا	(Full Name) (Full Address) (Contact Number) (Nature of association	کمل نام کمل پنة دابط نمبر	تميرا حواله Third Referee	5.3
(General Information	عرمی معلومات (on	with you)			
بنرس بنرس کوئی بزس		ر ہاں تو تفصیل بتا کمیں erious ailment or disability? بیں پائے ،اگر ہاں تو تفصیل بتا کمیں or convicted for nay crime? ی معلو بات جواس فارم میں موجود ک	م کےسلسلے میں مجرم تو قرار نب	با آ بجی کمی کا	6.2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Give any other information to your application	ل معلومات جواس فارم میں موجودہ n not covered by this form v 	which in your opinion	is relevant	
عبو قع شخراج صحصها در ببرزول	1	how soon can you join to us		• • •	
(Suitability to the Position	_عهده کی موز ونیت (n	7			
riefly explain why you consider yourself suitable for the position you have	icosofi of	fice Skill	ں اس عہدہ کے لئے زیادہ گھر	نيال مِن آپ كو	آپڪ
learning Skill-Mark a	done at	time.			
يامر المساورة	دد ثواست گزار کا حلف				
ی بھی معلومات کے غلط ہونے کی صورت میں تادیجی کا روائی کی ذرصداری قبول کرتا رکرتی ntirm and certify that the information given above is true, correct and co t be subsequently discovered.	فی،ورست اور تکمل میں، بعد میں ک omplete to the best of my kr	رے علم اور یعین کے عین مطالق تج nowledge and beleif. I accep	و پردگ گی تمام معلومات میر ot responsibility for an	نارکرتی ہوں کداہ ny misstateme	فردین کرد ni
اميدوار كرد شخط		21-12-202	3	きょt (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:	MUHAMM- AAMIR -ALLAH DITTA				
S/D/W of;					
CNIC NO:	3 3 4 0 1 0	3 8 8 2 2 1 7			
Position Applied:					
Permanent address as per CNIC:	House No:				
	Street #:				
	Mohallah: Thatha	Shahshao			
-	Village: Mouza	- Muradwalla			
	Sector/UC:	1			
	Town / Tehsil:	Chiniot			
	District	hinrot			
Current Residential Address:	House No:				
(Kindly don't fill this section if permanent and	Street#				
residential addresses are same)		ion Sheinshoes			
suncy	Village: Mouz	-a Muradwalea			
	Sector/UC (
	Town / Tehsil:	hincot			
	District	hiniot			
Signature & Date:	Date of Form Filling:	Signature of Applicant:			
	21-12-2013	Day.			



Disclosure of Relationship Form

(To be filled by Candidate)

	M. Lamir	S/D/W/O	SM		Но	lding	CNIC
zzu	M. AamiY 1-03881717, Resident	of Mouza	Muroid 1	walla			,
UC	11	Te	hsilC.	iniot	,	D	istrict
C	iniot	C	andidate	for	the	position	of
50	iniot Marolen	with CF	HIP Training	& Consul	lting (Pv	t.) Ltd. und	der its
third	party contract for PTPP pro	oject, do hereb	y 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
Saleen			جرورم	11	765
Zahoor			S jug	11	وا (ر

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:



1.

2.

3.

DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

CNIC &	34.010388 ofSafty	2217., Res , Tehsil いななしゃり .ject, do hereby	,S/D/W/O sident of Chinot With CHIP declare as under:	S. W. Nouza May , District. ! Training & Cor	Chincot Isulting (Pvt) Ltd	, holding , UC Employee for under its third
of regular s That, I am business re I shall be b If found m be liable to	tudies and that of not employed by gistered in my no cound to declare taking a false or o instant dismiss	currently I am now y any government ame nor am act during the count misleading stat al, without bene	ot taking any reguent department or ive partner in famurse of my employement when app	ular classes. private organiza ily business. rment – any of the lying for this po of such falsehoo	which comes undentions neither have the above mentione esition with the cool or misrepresent	e I any private ed scenarios. mpany, I will
Name	Regular Student Of	Department/ Institute	Working as employee with	Department/ Organization	Private business, if any	Any other part time job
	0.	Name	(Govt/Private)	name	,	
Declarat	ion: I do he			that the informa	ation provided abo	ove is true and
					Signature	
					famis	
					Date:	

[CTC - HRO - PTPP - Recruitment Selection - 7.8.5-c-039] [Employee Bank Information - Jan 2020]



Bank Account Information			
Name of Employee	Muhammad Aamir Allah Ditta		
Designation	SW		
Union Council / Area	11		
District / Agency	Chiniot		
Contact No.	0322-7819355		
CNIC No.	3340103882217		

Bank Account Title	Muhammad Aamir Allah Ditta
Bank Name	UBL
Bank Address	Chiniot
Bank Branch Code	021
Bank Account Number (With IBAN)	290532379

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: 21-12-2023

Note

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





CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	Muhammad Aamir Allah Ditta
Position appointed to	SW
Department and/or Location of appointment	Sadiq Filling Station Chiniot
CNIC#	33401-0388221-7
CNIC Expiry Date	06-05-2025
Date of Joining	17-11-2022
Date and Ref. No. of appointment letter	
Supervisors Comments	
Supervisors Signature	



	CHIP Training	& Consulting (Pvt) Ltd	
	Human Res	ource Department	
	Docume	ents Check List	
Designation			
Name of Employee	M. Aamis	Focal Person for file management	
Area/ Site	sadial F15	CNIC No	33401-03882217
Date of Joining	17-11-2022	Resignation/ Termination Date	

S No:	Documents	If Received (🗸)	Remarks (If Any)
1	Academic Credentials (verified by HEC)	V	
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	V	
9	Contract Letter In Hard Copy	V	
10	Security Clearance Form (If Applicable)		
11	Copy Of CNIC	V	
12	Passport size Photograph	V	
13	Sops Acknowledgement Form	V	
14	Joining Form	V	
9			

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

	·		
		N/	

CTC Focal Person	CTC HR Associate	
Date	Date	