

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 construed 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 افزوی استھوال کے لئے (سی بی سی سٹاف کی جانب سے بھرا جائے گا) (For official use only to be filled by CTC Staff)

مہد ہکا: مہس کے لئے درخواست دی گئی۔ (Position applied for)
منتخب ہونے پر تصدقی تربیت کی توقعی تاریخ (سال، مہینہ، دن)
(Expected Date of Induction Training if selected)

1۔ ذاتی معلومات (Personal Information)

محمد عمران	(Full Name)	1.1
32202-0218999-3	(CNIC No)	1.2
	دیگر شناختی نمبر (شناختی کارڈ میسرز ہونے کی صورت میں) (Other Identification number if CNIC is not available)	1.3
08-01-1994	(Date of Birth) (YYYY/MM/DD) تاریخ پیدائش (سال، مہینہ، دن)	1.4
<input type="checkbox"/> تاریخ پیدائش معلوم نہیں (DOB not Mentioned) <input type="checkbox"/> صرف سال معلوم ہے (Only Year available)	دن، مہینہ، سال معلوم ہے (Day, Month, Year Available) (کسی ایک پر نشان لگائیں) (Tick any One)	1.4.1
محمد حسین	(Father's/Husband Name/ Name of i.e. Next Kin) والد، شوہر، رشتہ دار کا نام	1.5
والد	(Relationship with Applicant) امیدوار کے ساتھ رشتہ	1.6
غیر شادی شدہ	(Marital Status) ازدواجی حیثیت	1.7
مرد	(Gender) صنف	
ملک	(Tribe) قبیلہ	
کھنڈوویہ	(Ethnicity) ذات	
سرائیلی (اردو)	(Language) زبان	1.8
بستی کٹھوری تحصیل روڑ ضلع لہہ	(Permanent Address) مکمل پتہ	
ضلع لہہ یونین کونسل روشن شاہ	(District and Union Council) ضلع یا یونین کونسل	
بستی کٹھوری روڑ لہہ	(Present Address) موجودہ پتہ	1.9
بستی (Residence) 9230263318999 (Mobile) 9230263318999 (Office) imsan malik 901006 (E-mail)	(Contact Detail) رابطہ کی تفصیل	2.0
BSC	(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، تکنیکل قابلیت کی اسٹادی فورسٹ لیس (میٹرک سے شروع کریں)

گریڈ/ڈویژن (Grade/Division)	اہم مضامین (Major Subjects)	سرٹیفکیٹ حاصل کردہ ڈگری (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
3rd (C)	computer science	BSC	BZU	2020

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 توگزشتہ 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 تصانیفی	3.3
(Your Last Job Title)	آخری عہدہ	3.4
(Main Duties)	اہم ذمہ داریاں	3.5
(Name & Title of your Immediate Boss)	مجازاً فیسر 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 (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)
Data entry operators	Data entry operators		sep 2021 to March 2022

5-حوالہ جات (References)

آپ کے اہل گھر (3) حوالہ جات دیں، جن کا تعلق آپ کے کوئی بااثری سے لے کر رشتہ سے نہ ہو، بلکہ آپ کے کاروبار، کام کے بڑے سے بڑے علاقے میں۔
Give details of 3 references, not related to you by blood or marriage, who can vouch for your character and work experience.

پہلا حوالہ	مکمل نام	(Full Name)
5.1	محمد انصاری	محمد انصاری
First Referee	رہائشی بلو جی والی خضل ٹروٹا (الہ)	(Full Address)
	0327 8302230	(Contact Number)
	آپ کے ساتھ کام کی نوعیت	(Nature of association with you)
5.2	محمد نبی الدین	محمد نبی الدین
Second Referee	رہائشی گڑھان محمد خضل ٹروٹا (الہ)	(Full Address)
	0304-4615006	(Contact Number)
	آپ کے ساتھ کام کی نوعیت	(Nature of association with you)
5.3	محمد نوید خیر ماہر	محمد نوید خیر ماہر
Third Referee	رہائشی گڑھان محمد خضل ٹروٹا (الہ)	(Full Address)
	0344 7200692	(Contact Number)
	آپ کے ساتھ کام کی نوعیت	(Nature of association with you)

6-عمومی معلومات (General Information)

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.	نہیں
6.2	کیا آپ کبھی کسی کام کے سلسلے میں مجرم قرار نہیں پائے، اگر ہاں تو تفصیل بتائیں Have you ever been tried or convicted for any crime? If so, give full details.	نہیں
6.3	آپ کے خیال میں درخواست سے متعلق کوئی ایسی معلومات جو اس فارم میں موجود نہیں آپ بتا سکتے رہتی ہیں۔ Give any other information not covered by this form which in your opinion is relevant to your application.	
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?	ماں
6.5	آپ کی متوقع تنخواہ اور دیگر فوائد کی کیا امید رکھتے ہیں؟ What are your salary and benefits expectations?	50000 / کچھ رہائش

7-عہدہ کی موزونیت (Suitability to the Position)

آپ کے خیال میں آپ کیوں اس عہدہ کے لئے زیادہ موزوں ہیں؟
Briefly explain why you consider yourself suitable for the position you have applied for.
میں روزگاری کی وجہ سے بڑھ چکا ہوں، جو کہ یہ عہدہ میرے لیے موزوں ہے۔

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 نفاذ 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.

M. Jaffer
امیدوار کے دستخط
(Candidate's Signature)

22-12-2023 تاریخ (Date)

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

Name of Candidate as per CNIC:	MUHAMMAD IMRAN	
S/D/W of;	08-01-1994	
CNIC NO:	3 2 2 0 2 0 2 1 8 9 9 9 3	
Position Applied:		
Permanent address as per CNIC:	House No:	01 House
	Street #:	01 Street
	Mohallah:	Khandoya
	Village:	Gishkori
	Sector/UC:	Roshan Shah
	Town / Tehsil:	Karor Lal Esan
	District	Layyah
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		01 Street
Mohallah:		Khandoya
Village:		Gishkori
Sector/UC		Roshan Shah
Town / Tehsil:		Karor
District		Layyah
Signature & Date:		Date of Form Filling:
	22-12-2023	M. Imran



Disclosure of Relationship Form

(To be filled by Candidate)

I M. Imran..... S/D/W/O M. Hussain Holding CNIC
3272-0218999-3, Resident of Gishkaxi.....
UC Reshan Shah..... Tehsil..... Karey..... District
Layyah..... 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
M. Mohiuddin	Supervisor	BISP	Punjab Layyah	Wara Sehram	Friend

Declaration; I do hereby solemnly affirm and declare that the information provided above is true and correct and nothing has been concealed therein.

Signature:

M. Imran

Date: 22-12-2023



DECLARATION FORM
(TO BE FILLED BY THE EMPLOYEE)

IS/D/W/O, holding
CNIC, Resident of UC
....., Tehsil, District..... Employee for
the position of 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.

Signature

Date:



CHIP TRAINING & CONSULTING

JOINING REPORT BY A NEW EMPLOYEE

Name of the Employee	MUHAMMAD IMRAN
Position appointed to	SAFFETY WARDEN
Department and/or Location of appointment	CTC SHELL PUMP SIALKOT
CNIC#	32202-0218999-3
CNIC Expiry Date	10-02-2030
Date of Joining	19 March 2022
Date and Ref. No. of appointment letter	1st April 2022
Supervisors Comments	
Supervisors Signature	

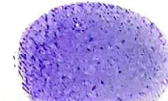


Bank Account Information	
Name of Employee	MUHAMMAD IMRAN
Designation	SAFETY WARDEN
Union Council / Area	ROSHAN SHAH
District / Agency	LAYYAH
Contact No.	0302-6331899
CNIC No.	32202-0218999-3

Bank Account Title	Jazz Cash
Bank Name	Jazz Cash
Bank Address	
Bank Branch Code	
Bank Account Number (With IBAN)	03026331899

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: 22-12-2023

Note:

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