

**2- تعلیمی قابلیت (Qualification)**

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

نام تعلیمی محکمہ تعلیمت کی اس کی کاپی ہمیں (ہم کو) سے شروع کریں

گریڈ/ڈویژن (Grade/Division)	مکرم مضامین (Major Subjects)	سرٹیفکیٹ حاصل کردہ ادارتی (Certificate/ Degree Obtained)	ادارہ (Institution)	سال (Year)
Second	Computer Science	Matric	BISE Bannu	2003
FIRST	ELECTRICAL	DAE ELECTRICAL	BTE Peshawar	2006
FIRST	SIMPDEE ISLAMIAT	B.A	Gomal University	2008
FIRST	ISLAMIAT	M.A	Gomal University	2010

**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))

آپ کی حال ہی ملازمت کے بارے میں، اگر آپ کو ملازمت کی تفصیلات فراہم کریں

WHO	(Name of Employer)	آئی ڈی ایم	3.1
WHO office Dikhan	(Employer's Address)	آئی ڈی ایم کھانہ	3.2
01-04-2015	(Date of Joining)	01-04-2015	3.3
UCSP	(Your Last Job Title)	آئی ڈی ایم	3.4
Microplanning, Supervision, Validations, Training	(Main Duties)	آئی ڈی ایم	3.5
Dr. Nisar Ahmad Khan	(Name & Title of your Immediate Boss)	آئی ڈی ایم	3.6
40,000/-	(Gross Monthly Pay)	40,000/-	3.7

**4- سابقہ ملازمتیں (Past Work Experience)**

(List all the previous jobs held by you, starting from the earliest)

آپ کی تمام سابقہ ملازمتوں کی تفصیلات آئی ڈی ایم سے شروع کریں

مکرم مضامین (Main duties performed by you)	آئی ڈی ایم (Position held by you when you left this employer)	آئی ڈی ایم (Employer's Name & Address)	آئی ڈی ایم (From/To) (D/M/Y to D/M/Y)
Microplanning, Monitoring, Validation, Analysis	UCPO	WHO office Dikhan	01-04-2015 to 30-03-2021
marketing	Territory Manager	GET2 Pharma	01-01-2010 to 30-03-2015



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 ZAHEER	
S/D/W of;	AHMAD BASHIR	
CNIC NO:	1 2 1 0 1 2 0 0 1 0 7 0 3	
Position Applied:	TPO (Tehsil Polio officer)	
Permanent address as per CNIC:	House No:	-
	Street #:	-
	Mohallah:	Mustafa Abad P/O Muryali
	Village:	Muryali
	Sector/UC:	Muryali
	Town /Tehsil:	D I Khan
	District	D I Khan
	Current Residential Address: <i>(Kindly don't fill this section if permanent and residential addresses are same)</i>	House No:
Street#		-
Mohallah:		Mustafa Abad P/O Muryali
Village:		Muryali
Sector/UC		Muryali
Town /Tehsil:		D I Khan
District		D I Khan
Signature & Date:		Date of Form Filling:
	18 - 01 - 2023	

**Bank Account Required Information Form**

Sr. No	Particulars	Details	
1	Name (as per CNIC)	MUHAMMAD ZAHEER	Date: 18-01-2023
2	Father/Husband Name	AHMAD BASHIR	
3	Relation	SON	
4	Mother First Name	Qamar Yasmin	
5	Date of Birth	23-04-1986	
6	CNIC No.	12101-2001070-3	
7	CNIC Expiry Date	04-01-2027	
8	Mobile	03467861301	
9	Home Address	Mustafa Abad P/o Muryali Dera Ismail Khan	

Signature: \_\_\_\_\_



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 کو کم از کم تین (3) حوالہ جات دیں، ان کا تعلق آپ کے خونی یا شادی سے متعلق نہ ہو، جو آپ کے کردار اور کام کرنے کے بارے میں گواہی دے سکیں۔

Dr. Nisar Ahmad Khan WHO office Dikhan 0331-286 2177 IO WHO	(Full Name) مکمل نام (Full Address) مکمل پتہ (Contact Number) رابطہ نمبر (Nature of association with you) آپ کے ساتھ کام کی نوعیت	پہلا حوالہ First Referee	5.1
Imran Athar TPO Parosa 0332-175-2170 Colleague	(Full Address) مکمل پتہ (Contact Number) رابطہ نمبر (Nature of association with you) آپ کے ساتھ کام کی نوعیت	دوسرا حوالہ Second Referee	5.2
Zakoullah UCCSO UC Muryali 0343 821 2494 Friend	(Full Name) مکمل نام (Full Address) مکمل پتہ (Contact Number) رابطہ نمبر (Nature of association with you) آپ کے ساتھ کام کی نوعیت	تیسرا حوالہ Third Referee	5.3

6-عمومی معلومات (General Information)

Nil	6.1 کیا آپ کو کوئی معذوری بیماری تو نہیں ہے اگر ہاں تو تفصیل بتائیں Do you suffer from any serious ailment or disability? If so, give details.
Nil	6.2 کیا آپ کبھی کسی کام کے سلسلے میں مجرم قرار نہیں پائے یا اگر ہاں تو تفصیل بتائیں Have you ever been tried or convicted for any crime? If so, give full details.
Nil	6.3 آپ کے خیال میں درخواست سے تعلق کوئی ایسی معلومات جہاں 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.
Maximum time	6.4 اگر ہم آپ کو اپنے ادارے میں کام کرنے کے لئے چاہیں تو آپ کتنے عرصے میں ہمارے ساتھ کام کر سکتے ہیں؟ If an offer is made to you, how long can you join to us?
90,000/-	6.5 آپ کی ترجیح 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؟  
Because I am hardworker and well known about the ground reality of the area.

درخواست گزار کا حلف نامہ

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.

  
(Candidate's Signature)

18-01-2023

تاریخ (Date)

### 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 دفترى استعمال کے لئے (سی لی سی سٹاف کی جانب سے مبرا ہائے گا) (For official use only to be filled by CTC Staff)

مہدہ کا نام جس کے لئے درخواست دی گئی: (Position applied for)  
مختب ہونے پر تقریباً قریب کی تاریخ: (سال/مہینہ/دن)  
(Expected Date of Induction Training if selected)

1- ذاتی معلومات (Personal Information)	
MUHAMMAD ZAHEER	مکمل نام (Full Name) 1.1
12101-2001070-3	شناختی کارڈ نمبر (CNIC No.) 1.2
-	دیگر شناختی نمبر (شناختی کارڈ نمبر نہ ہونے کی صورت میں) (Other Identification number if CNIC is not available) 1.3
23-04-1986	تاریخ پیدائش (سال/مہینہ/دن) (Date of Birth (YYYY/MM/DD)) 1.4
<input type="checkbox"/> تاریخ پیدائش معلوم نہیں (DOB not Mentioned) <input type="checkbox"/> صرف سال معلوم ہے (Only Year available) <input checked="" type="checkbox"/> دن/مہینہ/سال معلوم ہے (Day, Month, Year Available)	تاریخ پیدائش کا جائزہ لیں (کسی ایک پر نشان لگائیں) (Check any One) (Check DOB) 1.4.1
AHMAD BASHIR	والد شوہر/زوجہ زنی/رشتہ دار کا نام (Father's/Husband Name/ Name of i.e. Next Kin) 1.5
SON	امیدوار کے ساتھ رشتہ (Relationship with Applicant) 1.6
MARRIED	ازدواجی حیثیت (Marital Status)
MALE	صنف (Gender)
ICHLANA	قبیلہ (Tribe) 1.7
ICHLANA	ذات (Ethnicity)
SARAIKI	زبان (Language)
MUSTAFA ABAD P/O MURYALI	مکمل پتہ (Permanent Address) 1.8
DERA ISMAIL KHAN	ضلع/یونین کونسل (District and Union Council)
MUSTAFA ABAD P/O MURYALI DIK	موجودہ پتہ (Present Address) 1.9
03467861301 (Residence) / 03467861301 (Mobile)	رابطہ کی تفصیل (Contact Detail) 2.0
Jawadzaheer1301@gmail.com (E-mail) / (Office)	آخری تعلیمی سند (Last Qualification) 2.1
MA ISLAMIAT	



### DECLARATION FORM

(TO BE FILLED BY THE EMPLOYEE)

I MUHAMMAD ZAHED.....S/D/W/O AHMAD RASHID....., holding CNIC NO: 2001070-3....., Resident of MUSTOFA ABAD....., UC MURALI....., Tehsil DIKHAN....., District DIKHAN..... Employee for the position of T.P.O. (Draben)..... 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: 18-01-2023