

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD

(HUMAN RESOURCE -II SECTION)

No.HR-II.General/2016-22/5

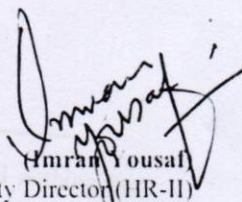
May 31, 2017

CIRCULAR

With reference to Circular No. HR-II.General/2016-4140 dated 24-10-2016 all employees (BPS - 1 to 16) of IIU were directed to furnish the updated details of their dependents on the attached format alongwith attested photo copies of Computerised National Identity Card (CNIC) of adults and NADRA Registration Form 'B' Form (in case the dependents are below the age of 18 years) and an **UNDERTAKING** (format attached) regarding the service status of their spouse by 31-10-2016. Later on, three Reminders have also been issued vide No. HR-II.General/2016-4994 dated 20-12-2016, No.HR-II.General/2016-637 dated 10-02-2017 and No.HR-II. General/2016-1430 dated 11-04-2017. However, majority of the employees have not provided the requisite information as yet.

2. In view of above, all the employees (BPS - 1 to 16) of IIU and its constituent units are hereby once again directed to provide the above required information on the attached format by 26-06-2017 failing which cases for medical advance and admissibility of allowance(s)/financial benefits will not be entertained as well as salary for the month of June 2017 will be stopped.

3. This issues with the approval of Director (HR).



Amran Jousaf
Deputy Director (HR-II)

UNDERTAKING

I, _____ h/o, s/o, d/o, w/o _____

Designation _____ BPS _____, International Islamic University, Islamabad

resident of _____

do hereby solemnly declare that the status of my spouse (name) _____ is as follows;

1. Not working

2. Working

He/ She is working as _____ in

1. Government Department

2. Semi-Government

3. Autonomous Body

4. Private Set up

Status of Rental ceiling and in door medical treatment facility available to the spouse.

Yes No

1. Rental Ceiling

2. House Rent Allowance 45%

3. Indoor medical treatment

In case of yes it is available to;

Self Spouse: Other family members

Any other information _____

2. The above information is correct to the best of my knowledge and belief and nothing has been concealed.

3. In case any statement is found incorrect or false at any stage, University Management may initiate disciplinary action against me under IIU E & D Rules.

Deponent _____

Name _____

CNIC # _____

(Enclose copy of CNIC attested from both sides)

Verified by gazatted officer.

Signature: _____

Name: _____

CNIC # _____

DECLARATION OF PARTICULARS OF EMPLOYEE'S DEPENDANTS

It is certified that the following persons are FULLY dependent upon me and residing with me:-

Sr. No.	Name of dependent	Father/Husband Name	Date of birth	*CNIC No.	Relationship	Profession	Monthly Income
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

* Please attach attested Photo Copies of CNIC of adults and NADRA Registration Form/ "B" Form (in case the age of dependents is less than 18 years)

Page 02 of 01 I am the son/daughter/wife of _____ Designation _____

Solemnly declare that the above information is correct to be best of my knowledge and belief and nothing has been concealed.

03. In case any particular/information is found incorrect/false at any stage. I will be held responsible for initiating disciplinary action under IUI E & ID Rules.

Contact No: _____ Signature Emp.:: _____

Presents Address: _____ Deptt./Faculty: _____

Dated: _____

Permanent Address: _____ Signature: _____

Signature: _____

Stamp: _____

Verified by gazetted officer

Signature: _____

Stamp: _____

Information provided (Note: In case of any change in the information provided, intimate to Human Resource department)