

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
(HUMAN RESOURCE DEPARTMENT)


No.Estab.(IV)-4(2)/2016-IIU- 2091

May 09th, 2017.

CIRCULAR

In pursuance of Circular No.Estab.(IV)-4(2)/2016-IIU-1664 dated 28.11.2016, all “**Non-Academic employees in BPS-17 & above**” in the IIU-Main and the Constituent Units of the University are hereby reminded to submit an “**UNDERTAKING**” (on the attached format) about the employment status of their spouse. Furthermore, an updated “**Dependant’s List**” (on the attached format) may also be provided to this office to update the same in automation record of HR-MIS.

2. The requisite details should be provided to this Section latest by May 19th, 2017 (Friday); failing which the requests relating to medical advance/admissibility of allowances/financial benefits will not be entertained. All the Deans/Directors General/Directors/Sectional Heads are therefore requested to disseminate the above information in their Faculties/Academies/Institutes/Departments/Centers for compliance by all concerned within the stipulated date. Your usual cooperation in this regard will be highly appreciated.
3. This issues with the approval of the Competent Authority.


(SAQIB RASHID)
Asst. Director (HR-IV)

UNDERTAKING

I, _____ h/o,s/o, d/o, w/o _____
Designation _____ BPS _____, International Islamic University, Islamabad
resident of _____

do hereby solemnly declare that the "Employment Status" of my spouse (namely)
Dr./Mr./Ms. _____ is as follows;

- 1. Employed
- 2. Unemployed

• He/ She is working as _____ in:

- 1. Government Organization
- 2. Semi-Government Organization
- 3. Autonomous Body
- 4. Private Organization
- 5. Self Employed

• That following facilities are available to my spouse by his/her employer organization:

- | | Yes | No |
|-------------------------------------------------|--------------------------|--------------------------|
| 1. Rental Ceiling | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. House Rent Allowance 45% | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Indoor medical treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other details covering above facilities: | _____ | |

• Above-mentioned facilities available to my spouse are also available to:

Self Only Self & Spouse Self+Spouse+Other Family Members
(Please enclose list of entitled family members)

I do hereby solemnly undertake that the above information is correct to the best of my knowledge and belief and nothing has been concealed thereof. In case any statement is found incorrect or false at any stage, the International Islamic University, Islamabad has the right to initiate disciplinary action against me under IIU Efficiency & Discipline Statutes-1987.

<u>Verification by a Gazetted Officer.</u>
Signature: _____
Name: _____
CNIC # -----

Signature of Deponent: _____

Name: _____

CNIC # _____

(Please enclose a copy of CNIC attested from both sides)

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
(HUMAN RESOURCE-IV SECTION)

DECLARATION OF PARTICULARS OF EMPLOYEE'S DEPENDANTS

This is to certify that following persons are fully dependent upon me and residing with me:

S#	Name	Father/Spouse Name	Date of Birth	*CNIC No.	Relationship	Profession	Monthly Income
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

* Please attach photocopies of CNIC of adults and NADRA Registration Form/ "B" Form in case of minors i.e. less than 18 years of age.

2. I _____ son/daughter/wife of _____ serving this University as _____ do hereby solemnly declare that the above information is correct to be best of my knowledge and belief and nothing has been concealed thereof.

3. In case any particular/information is found incorrect/false at any stage, I will be held responsible for initiating disciplinary action under the IIU Efficiency & Discipline Statutes-1987.

Contact No. _____

Present Address: _____

Permanent Address: _____

Employee's Signature: _____

Department/Faculty: _____

Dated: _____

Verification by Gazetted Officer:

Signature: _____

Stamp/Seal: _____

(In case of any change in information provided above, please intimate to this Section)