

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD  
(HUMAN RESOURCE DEPARTMENT)

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

May 09<sup>th</sup>, 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 19<sup>th</sup>, 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**

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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.**

<i>Verification by a Gazetted Officer.</i>
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)**

**DETAIL OF EMPLOYEE:-**

Name: \_\_\_\_\_  
Father/Husband's Name: \_\_\_\_\_  
Designation & BPS: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_

**DETAIL OF DEPENDENTS:**

<b>Name of Dependent</b>	<b>Relation with employee</b>	<b>Date of Birth</b>	<b>Present Occupation with Deptt./Org.</b>	<b>Last Occupation with Deptt./Org.</b>	<b>Marital Status</b>	<b>NIC No.</b>

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

Signature of Officer \_\_\_\_\_

**Attested by an officer not below than the rank of BPS-17**