

MOST IMMEDIATE

**INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
(HUMAN RESOURCE-II SECTION)**

No.HR-II.General/2016-2287

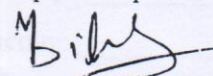
10th September, 2020.

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 along-with attested photocopies of Computerized 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, several Reminders have also been issued. However, majority of the employees have not provided the requisite information yet.

2. In view of above, all the employees (BPS-01 to BPS-16) serving in the University and its Constituent Units are once again directed to submit the dependent details along-with supporting documents in HR-II Section latest by **25.09.2020**. In case of non-submission of dependents details (along-with Undertaking Form) within due date; Medical Allowance & House Rent Allowance Subsidy for the month of October 2020 will be stopped until submission of dependents details along-with requisite documents. Moreover, permission for indoor medical treatment for self and dependents will be subject to provision of updated dependent details along-with Undertaking Form.

3. This issues with the approval of the Vice-President (AF&P), IIU for compliance please.



(MUHAMMAD BILAL)
Assistant Director (HR-II)

DISTRIBUTION:

- 1) All Directors General
- 2) ALL Deans/Directors
- 3) All Sectional Head of IIU (Main)
- 4) Chief Medical Officer
- 5) Chief Librarian
- 6) Student Advisor (Male & Female)
- 7) Provost Hostels (Male & Female)
- 8) Chief Security Officer
- 9) Additional Director (IT)
- 10) All Notice Boards
- 11) Relevant File
- 12) Master File

With the request to instruct all employees (BPS-1 to 16) working in their Faculties / Departments / Sections to provide the requisite information by the due date please

With the request to upload the Circular on IIU website for information of all concerned

- Cc:**
- i) SPS to the Rector, IIU
 - ii) SPS to the President, IIU
 - iii) APS to the Vice-President (Academics), IIU
 - iv) APS to the Vice-President (HS&R), IIU
 - v) PS to the Vice-President (AF&P), IIU
 - vi) APS to Director (HR)

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

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) son/daughter/wife of _____ Designation _____

02. I, _____ 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 & D Rules.

Signature Emp.: _____

Dept./Faculty: _____

Dated: _____

Verified by gazetted officer

Signature: _____

Stamp: _____

Contact No: _____

Presents Address: _____

Permanent Address: _____

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

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 | <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"/> |

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 gazetted officer.

Signature: _____
 Name: _____
 CNIC # _____

- (i) _____
- (ii) _____
- (iii) _____
- (iv) APS to the Vice-President (H&R), IIU
- (v) PS to the Vice-President (AF&P), IIU
- (vi) APS to Director (HR)