

IMMEDIATE

**INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
(HUMAN RESOURCE DEPARTMENT)**

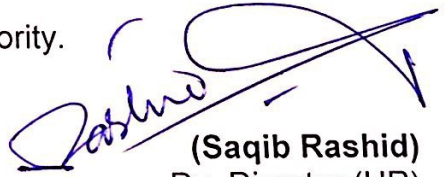
No.HR-IV/2021-IIU- 2145

17th March, 2021.

NOTIFICATION

I am directed to notify for the information of all concerned that the President, IIU on the recommendations of the concerned Committee has approved that all academic and non-academic employees working in the IIU-Main and the Constituent Units of the University shall provide “**UNDERTAKING**” (on the attached format) about the employment status of their spouse to the Human Resource Department on or before but latest by **31st March, 2021** positively; failing which the employee will be paid House Rent Allowance instead of House Rent Allowance Subsidy w.e.f 01st April, 2021 till receipt of requisite undertaking from the employee.

2. This issues with the approval of the Competent Authority.


(Saqib Rashid)
Dy. Director (HR)

DISTRIBUTION:

- 1) All Vice-Presidents / Directors General
- 2) All Deans / Directors
- 3) Consultant (Finance)
- 4) Chief Medical Officer
- 5) Chief Librarian
- 6) Chief Security Officer
- 7) Principal (ICT)
- 8) Provosts (Male and Female)
- 9) Students' Advisors (Male and Female)
- 10) All Administrative Heads of the IIU-Main and the Constituent Units
- 11) Incharge (P&PR)
- 12) Webmaster — **With the request to circulate the information electronically**
- 13) Assistant Director (HRMIS)
- 14) Assistant Director (Salary)
- 15) Assistant Director (HR-I)
- 16) Assistant Director (HR-II)
- 17) Superintendent (HR-IV)
- 18) All Notice Boards
- 19) Relevant file / Master file

Cc: i) SPS to President, IIU
ii) PS to Vice-President (AF&P), IIU

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 (Designation) _____ in (Name of Organization and
with Complete Address) _____, which is:

- 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/Accommodation | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. House Rent Allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Indoor medical treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other details covering above facilities: | _____ | |

• Medical facilities (if any) available to my spouse are 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 and Discipline Statutes-1987.

Attestation by a Gazetted Officer.

Signature: _____
Name: _____
CNIC # _____

Signature of Deponent: _____
Name: _____
CNIC # _____

Please enclose a copy of CNIC attested from both sides
by a Gazetted Officer)