

REMINDER-I

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

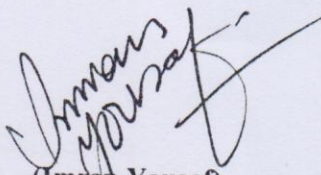
No.HR-II.General/2016-4774

December 20, 2016

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. 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 **IMMEDIATELY** failing which cases for medical advance and admissibility of allowance(s)/financial benefits will not be entertained.
3. This issues with the approval of Director (HR).


(Imran Yousaf)
Deputy 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) | |
| Provost Hostels (Male & Female) | |
| 7. Chief Security Officer | |
| 8. All Heads of Administration in the Constituent Units | - 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. |
| 10. Additional Director (IT) | - With the request to adopt the similar practice in their units please.
- With the request to upload the Circular on IIU website for information of all concerned. |
| 11. All Notice Boards | |
| 12. Relevant File | |
| 13. Master File | |

c.c.

- 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) APS to the Director General (AF&P)
- vi) APS to Director (HR)

UNDERTAKING

_____ h/o, s/o, d/o, w/o _____
esignation _____ 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 yeas 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# : _____

**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)

02. I, _____ 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 & D Rules.

Contact No: _____

Signature Emp.: _____

Presents Address: _____

Deptt./Faculty: _____

Dated: _____

Permanent Address: _____

Verified by gazetted officer

Signature: _____

Stemp: _____

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