

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD

(HUMAN RESOURCE -II SECTION)

No.HR-II.General/2016-4140


October 24, 2016

**CIRCULAR**

All the employees (BPS - 1 to 16) of IIU and its constituent units are hereby 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). All the employees (BPS 1 to 16) are also directed to give an **UNDERTAKING** (format attached) regarding the service status of their spouse.

2. Please note that the above required information on the attached format should reach HR-II section by **October 31, 2016** 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 |  |
| 10. Additional Director (IT)                            |  |
| 11. All Notice Boards                                   |  |
| 12. Relevant File                                       |  |
| 13. 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 adopt the similar practice in their units please.
- With the request to upload the Circular on IIU website for information of all concerned.

c.c.

- i) APS 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

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"/>
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3. Indoor medical treatment	<input type="checkbox"/>	<input type="checkbox"/>
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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 # \_\_\_\_\_



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**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 IIU 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)**