

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMBAD  
(HUMAN RESOURCE DEPARTMENT)

No.Estab.(IV)-4(02)/2017-IIU-2251

July 17<sup>th</sup>, 2017.

CIRCULAR

In pursuance of Circular No.Estab(IV)-4(02)/2016-IIU-1664 dated 28.11.2016, and Reminder vide Circular No.Estab(IV)-4(02)/2016-IIU-2091 dated 09.05.2017, all **“Non-Academic Employees in BPS-17 & above”** in the IIU Main and the Constituent Units of the University are hereby reminded to submit **“UNDERTAKING”** (on the attached format) about the employment status of their spouse. Furthermore, an updated **“Dependent’s List”** (on the attached format) may also be provided to this office to update the same in automation record.

2. The requisite details should be provided to this Section latest by **July 28th, 2017**, failing which the salary of those employees will be stopped and their requests relating to medical advance and other 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)

DISTRIBUTION:

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

**DECLARATION OF PARTICULARS OF EMPLOYEE'S DEPENDANTS**

This is to certify that following persons are fully dependent upon me and residing with me:

S#	Name	Father/Spouse Name	Date of Birth	*CNIC No.	Relationship	Profession	Monthly Income
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

\* Please attach photocopies of CNIC of adults and NADRA Registration Form/ "B" Form in case of minors i.e. less than 18 years of age.

2. I \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ serving this University as \_\_\_\_\_ do hereby solemnly declare that the above information is correct to be best of my knowledge and belief and nothing has been concealed thereof.

3. In case any particular/information is found incorrect/false at any stage, I will be held responsible for initiating disciplinary action under the IJU Efficiency & Discipline Statutes-1987.

Contact No. \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

Present Address: \_\_\_\_\_ Department/Faculty: \_\_\_\_\_  
Dated: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Stamp/Seal: \_\_\_\_\_

**Verification by Gazetted Officer:**

*(In case of any change in information provided above, please intimate to this Section)*

# 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 \_\_\_\_\_ 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.**

Verification by a Gazetted Officer.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

CNIC # \_\_\_\_\_

Signature of Deponent: \_\_\_\_\_

Name: \_\_\_\_\_

CNIC # \_\_\_\_\_

(Please enclose a copy of CNIC attested from both sides)