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. Later on, three Reminders have also been issued vide No. HR-II.General/2016-4994 dated 20-12-2016, No.HR-II.General/2016-637 dated 10-02-2017 and No.HR-II. General/2016-1430 dated 11-04-2017. 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 by 26-06-2017 failing which cases for medical advance and admissibility of allowance(s)/financial benefits will not be entertained as well as salary for the month of June 2017 will be stopped.

3. This issues with the approval of Director (HR).
UNDERTAKING

1. h/o, s/o, d/o, w/o ________________________

Designation__________ BPS ___________, International Islamic University, Islamabad

residence 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Rental Ceiling</td>
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<td>2. House Rent Allowance 45%</td>
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<td>3. Indoor medical treatment</td>
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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 # __________________________
Note: In case of any change in the information provided, intimate to Human Resource Department.

Name: __________________________

Signature: _________________________

Verified by Gazetted Officer: _________________________

Date: _________________________

Designation: _________________________

Signature: _________________________

Permanent Address: _________________________

Present Address: _________________________

Contact No.: _________________________

Signature: _________________________

(In case any particular/information is found incorrect/false at any stage, I will be held responsible for initiating disciplinary action under H.U.E & D) Rules.

I hereby declare that the above information is correct to the best of my knowledge and belief and nothing has been concealed.

Signature: _________________________

Designation: _________________________

Signature: _________________________

Please attach a photo copy of CNIC of adults and NADRA. Registration Form "B" on the age of dependents is less than 18 years.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of dependent</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Monthly Income</th>
<th>CNIC No.</th>
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I hereby declare that the following persons are fully dependent upon me and residing with me:

DECLARATION OF PARicipants OF EMPLOYEES DEPENDANTS

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD