

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
(HUMAN RESOURCE DEPARTMENT)

No.Estab. 3-343/2017-IIU- 5225

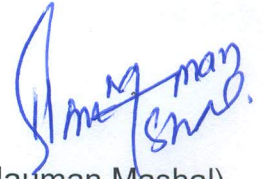
November 2, 2017.

CIRCULAR

All Academic Employees (Male & Female) in the Faculties of this University are hereby advised to submit "UNDERTAKING" (on the attached format) about employment status of their spouse. Furthermore, an updated "Dependent 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 November 30th, 2017, failing which their requests relating to medical advance and other financial benefits will not be entertained. All the Deans/Chairman/Chairpersons of the Departments are therefore requested to kindly disseminate the above information in their Faculties/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.



(Nauman Mashal)
Assistant Director (HR-1)

Distribution:

- i) All Deans of Faculties, IIU.
- ii) All Chairmen/Chairpersons of the Departments, IIU.
- iii) Relevant File
- iv) Master File

C.C:

Director (HR), IIU.

UNDERTAKING

I, _____ h/o,s/o,d/o,w/o _____
Designation _____ BPS _____, International Islamic University, Islamabad
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"/>
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3 Indoor medical treatment	<input type="checkbox"/>	<input type="checkbox"/>
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4 Any other details covering above facilities:	_____	
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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 : _____

Signature of Deponent

Name: _____

CNIC #: _____

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INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD
HUMAN RESOURCES DEPARTMENT

This is 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							

2 I _____ son/daughter/wife of _____ serving this university as _____
do hereby sloemly 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 IIU Efficiency & Discipline Statutes-1987.

Contact No. _____

Employee's Signature: _____

Present Address: _____

Department/FACULTY: _____

Dated: _____

Permanent Address: _____

Verification by Gazetted Officer: _____

Signature: _____

Stamp/Seal: _____

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