

NATIONAL HIGHWAY AUTHORITY

1. JOINING REPORT:

I accept the terms and conditions offered vide letter
No
Datedfor the
post of (BS-)
and hereby submit my arrival report today
on @ hours.

Signature

Name

Father's Name

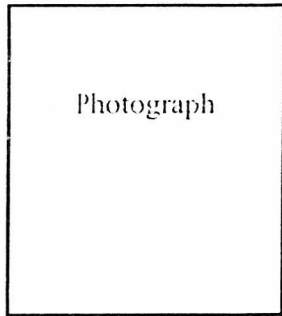
CNIC #

Post

COUNTERSIGNED

OFFICE INCHARGE

CONFIDENTIAL
GOVERNMENT OF PAKISTAN
MINISTRY OF COMMUNICATIONS
NATIONAL HIGHWAY AUTHORITY



Verification Roll for candidates for appointment under the Government to be filled in by the candidate in his own handwriting

2. The name of the post in which the candidate is to be appointed:

.....

3. Full name (in block letters) Mr/Miss/Ms:

.....

4. Previous name if any and reasons for change:

.....

5. Father's name in full with occupation and income (if any):

.....

6. Date and place of birth on the candidate give full address:

.....

7. Description:

- i. Height.....
- ii. Build i.e. Heavy/Medium/Light.....
- iii. Frame i.e. Large/Medium/Light.....
- iv. Complexion.....
- v. Colour of hair.....
- vi. Colour of eyes.....
- vii. Visible marks of identification.....
- viii. Religion by birth.....
- ix. Present Religion..... Sect

8. Residential address (with telephone number (if any):

(a) Present

.....

.....

(b) Permanent

.....

.....

9. Nationality:

(a) Pakistani National by birth/migration/naturalization.....

(b) If naturalized/migrated

(i) Previous nationality and address.....

.....

(ii) Date of Migration

(iii) Citizenship/Naturalization Certificate particulars i.e. No, date & place of issue etc

(c) National Identity Card No Date and place of issue

.....

10. Local and other address during the last ten (10) years where the candidate has stayed form more than six (06) Months:

S#	ADDRESSES	FROM	TO

11. Educational qualifications showing place of education from the age of ten (10) years:

Name & place of school & college etc	From	To	Major Field of study	Certificate / diploma /Degree obtained
				SSC/
				HSSC/
				Graduate/
				Master/
				PhD
				Any other

Note: -a certificate of good character from the head of educational Institution last attended by the candidate to be attached.

12. Knowledge of Languages

Name of Language	Can understand	Can speak	Can Write
English	Yes / No	Yes / No	Yes / No
Urdu	Yes / No	Yes / No	Yes / No

13. Special training in any field:

.....

14. Any distinctions obtained in literacy, sports or miscellaneous fields:

.....

15. (a) Are you capable of sustained physical and mental activity?

.....

(b) You had any serious illness or any operation in the past 03 years?

.....

(c) How many days you last from work in the past three years?

.....

16. Has there been any case of mental/nervous illness in your close relatives?

.....

17. (a) Do you take alcohol?

(b) Do you gamble?

18. (a) Government offices or firms, with full description and addresses where the candidate previously worked and reasons for leaving:

Offices/Firms	Designation	Pay	From	To	Reasons for leaving

(b) Present occupation, if any?

Offices/Firms	Designation	Pay	From	To	Reasons for leaving

Note: - Certificate of performance from the head of the institution last served by the candidate to be attached

19. **Offices/Forms with full description and addressed where the candidate previously applied without success:**

Offices/Firms	When applied for appointment	Job for which applied

20. **Particular of Spouse (s) of the Candidate:**

- a. Full name of spouse.....
- b. Father's name of the spouse.....
- c. CNIC #.....
- d. Nationality
- e. Religion.....
- f. Date of birth.....
- g. Place of Birth.....
- h. Occupation, if any
- i. Income, if any.....

21. Particulars of Children:

Name	Sex	Date of Birth	Residing with you or

22. Particulars of children or dependents education or receiving education:

Name of Child	Relationship	Name of Institution	City/ Country	Period of Education Abroad	How financed

23. Full particulars of the candidate's near relations, who are in Government service in Pakistan or elsewhere, specifying the post held, and where posted

Name	Relationship	Post Held	Place of Duty

24. Particulars of near relatives/dependents abroad:

Name	Sex	DoB	Present Address

25. Assets:

a.	Immovable	Value (In Million)	Mode of Acquiring
b.	Movable of value more than 0.2 (M)	Value (In Million)	Mode of Acquiring
Total Value (Rs)			

26. Membership of clubs, political parties and associations (past and present) (Name of organization with date of joining and leaving):

S#	Name with Club / Party	From	To

27. Details of travel abroad (including travels for education & training):

- a. Passport particulars, if any including No & Dated and place of issue
.....
- b. Countries for which valid.....
- c. Issuing Authority.....
- d. Period of validity.....

28. Name and addresses of at least 2 (two) references in Pakistan, who testify the candidate's character and antecedents:

Name & Parentage	Residential Address

29. Name and addresses of your close friends:

Name & Parentage	Residential Address

30. Finger Prints of the candidate:

				Right Hand
				Left Hand

Place Dated.....Signature

31. Undertaking from the Candidate:

a. I a candidate for appointment to the post of

hereby certify and solemnly affirm that my answers to the above questions. **(Serial # 1 - 30) are correct to the best of my knowledge and belief.**

b. I fully understand that if the above statement is false in any material respect, or omit any material information; my appointment is liable to be rejected / terminated and shall render me to legal and disciplinary action including dismissal, if I am already in government service.

Signature

Place

Dated

32.

CONFIDENTIAL VERIFICATION CERTIFICATE BY THE AGENCIES

Name.....

Parentage to be filled in
by the Superintendent of Police, etc. concerned at the request of
Ministry/office/Federal Public Service Commission.

Remarks By

Superintendent of Police

Place

Dated

DIG Special Branch

Place

Dated

Director, Intelligence Bureau

Place

Dated

FAMILY PARTICULARS

33.

Full information in respect of Wife (husband, in case of female employee), Father, Mother, Brothers, Sisters, Father-in-Law, and Mother-in-Law should be furnished as under. In case of wife (or husband, as the case may be), additional in respect of her maiden name, date and place of birth and date and place of marriage, nationality and religion before marriage should also be furnished in the "Remarks" column

Name	Relation ship	Age Y-M-D	Nationality	Religion	Sect	Occupation	Whether Dependent on you	Residing with you or	Political Affiliati ons, if any

Name Parentage

Designation Dated

34. CHARACTER CERTIFICATE

i) Certified that I know Mr / Miss /Ms

.....

Son / Daughter / Wife of Mr

for the last years and that, to the best of my knowledge and belief that he / she bears reputable character and has no antecedents which render him / her unsuitable for government employment.

ii) Mr/Miss/Ms

is not related to me.

Signature

Name.....

Designation.....

Place.....

Date

35. MEDICAL BOOK OF NHA

- i. Name of Employee
- ii. Designation & Pay Scale
- iii. Full Residential Address
.....
- iv. Particulars of Dependent Family Members:

S#	Name	Relationship	Age (Y-M-D)

I declare that the information given is true and that the persons named above are family – dependent upon me. I also hereby have given an undertaking that my father or mother is not serving in any government organization and wholly depend upon me.

Signature

Name.....

Designation.....

36. FORM OF NOMINATION (See Rule - 10)

Name and Designation of Employee

Service/Department

I hereby nominated the person/persons mentioned below who is/are member/member of my family as defined in Section-2 of the General Employee Benevolent Fund and Group Insurance Act - 1969 (II of 1969) to receive the benevolent grant and the sum assured and C.P Fund in the event of my death.

**Part-I
(FOR WIFE / HUSBAND ONLY)**

Name of Nominee/Nominees	Relation ship	Age (Y-M-D)	% of Share	Remarks

**Part-II
(FOR MEMBERS OF FAMILY OTHER THAN WIFE / HUSBAND)**

Name of Nominee/Nominees	Relation ship	Age (Y-M-D)	% of Share	Remarks

Certified that the Member/Members of family mentioned in Part-II reside with me and are wholly dependent upon me.

The earlier nomination made by me may kindly be treated as "CANCELLED"

Dated.....

.....
Signature of the Employee

Witnesses:

i. Signature

.....
Name of Employee

.....
Name & Designation

ii.

Signature.....

.....
Name & Designation

.....
Signature & Seal of the Head of Office

37. NOMINATION FOR DEATH-CUM-RETIREMENT

GRATUITY, PENSION / PAY & ALLOWANCES

(WHEN THE GOVERNMENT SERVANTS HAS A FAMILY & WISHES TO NOMINATE ONE MEMBER THEREOF)

I, hereby nominate the person mentioned below, who is a member of my family and confer on him the right to receive any gratuity and the pension that may be sanctioned by government and arrears of my pay and allowances due to me, in the event of my death life while in service and the right to receive gratuity, pension and pay and allowances on my death which having become admissible to me on retirement may remain unpaid at my death:-

Name & address (es) of the nominee(s)	Relation ship	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right conferred on the nominee shall pass in event of the nominee predeceasing the Govt servant

Dated at

Witness's signature

i.

ii.

Signature of Govt Servant

To be filled in by the Head of Office in the case of non-gazetted Govt servants

Nomination by

Designation

Office

Signature (Office Incharge)

Designation

Dated.....

Caution: -This nomination can be cancelled at any time by sending a notice in writing to the appropriate authority alongwith a fresh nomination.

38. NOMINATION FOR DEATH-CUM-RETIREMENT

GRATUITY, PENSION / PAY & ALLOWANCES

(WHEN THE GOVERNMENT SERVANTS HAS A FAMILY & WISHES TO NOMINATE ON EMEMBER THEREOF)

I, hereby nominate the person mentioned below, who is a member of my family and confer on them the right to receive to the extent specified below any gratuity and the pension that may be sanctioned by government and arrears of pay and allowances due to me, in the event of my death while in service and the right to receive gratuity, pension and pay and allowance on my death which having become admissible to me on retirement may remain unpaid at my death:-

Name & address (es) of the nominee(s)	Relation ship	Age	Amount of or share of pension/ gratuity and pay and allowances payable to each	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right conferred on the nominee shall pass in event of the nominee predeceasing the Govt servant

Dated at

Witness's signature

i.

ii.

Signature of Govt Servant

Note: This column should be filled in so as to cover the whole amount of the pension, gratuity and pay and allowances.

(To be filled in by the Head Office in the case of non-gazetted Govt Servants)

Nomination by

Designation

Office

**Signature & Seal
(Office Incharge)**

Caution:-This nomination can be cancelled at any time by sending a notice in writing to the appropriate authority alongwith a fresh nomination

39. MEDICAL FITNESS CERTIFICATE

It is certified that I have examine Mr / Miss / Ms

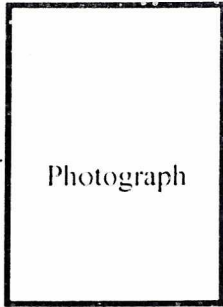
.....

S/o.....

a candidate for employment in the NHA for the post of

.....

and cannot discover that he / she any disease, constitutional weakness or bodily infirmity except I do not consider this a disqualification for employment. He / she are not suffering from any communicable disease. His / her age according to his / her own statement is.....years and by appearance about years.



.....
Signature of Candidate

.....
Chief Medical Officer NHA

39. MEDICAL FITNESS CERTIFICATE

It is certified that I have examine Mr / Miss / Ms

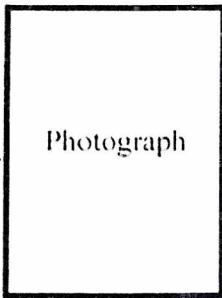
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S/o.....

a candidate for employment in the NHA for the post of

.....

and cannot discover that he / she any disease, constitutional weakness or bodily infirmity except I do not consider this a disqualification for employment. He / she are not suffering from any communicable disease. His / her age according to his / her own statement is.....years and by appearance about years.



.....
Signature of Candidate

.....
Chief Medical Officer NHA

43. Qualification's Detail:

S#	School / College / University Name	Diploma / Degree	Passing Year	Marks obtained	Division

44. Service in NHA:

Date of JoiningBS

Designation

Nature of Appointment Regular / Contract / Daily Wages / Work Charge

CadreDate of Completion/Expiry.....

45. Current Position:

Date of Promotion BS Designation

Nature of Appointment: Regular / Contract / Daily Wages / Work Charge

Cadre Date of Completion/Expiry

46. Training (More than a week):

Institute/ Country Name	Course Name	Date (From) (DD-MM- YYYY)	Date (To) (DD-MM- YYYY)	Part-Time/ Full Time (P/F)	Training acquired through NHA /Self/ Other Employer

47. Marital Status: Married / Un-Married / Widow/ Widower

48. Family Dependents:

S#	Name	DoB	Gender (M / F)	Relation ship	Nationality

49. Previous Service History (Before Joining NHA):

Organization Name	Organization Type (Govt / Pvt /Semi- Govt/Auto. Body	Post Name	BPS	Contract /Regular	Brief Job Description	Date (From) DD-MM- YYYY	Date (To) DD-MM-YYYY	Reasons for Leaving

50. Official Visits through NHA (Abroad):

Country	Purpose of Visit	Date (From) DD-MM- YYYY	Date (To) DD-MM- YYYY	Approving Authority

51. Rewards (NHA)

Kind of Reward	Purpose	Date DD-MM-YYYY	Approving Authority

52. Penalties (NHA)

Allegation	Nature of Penalty	Date DD-MM-YYYY	Approving Authority

53. Leave Details (Other than C/L)

Type of Leaves	Date (From) (DD-MM-YYYY)	Date (To) (DD-MM-YYYY)	Approving Authority

54. Signature of candidate & office Incharge:

Signature	Counter Signature
Name	Name
Designation	Designation
Place of Posting	Dated
Dated	