





Note : Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

### 1. Policy holder's information

Name of Company	
Takaful Policy No.	Policy Start Date

### 2. Participant's information

a. Deceased' Name: Ghani Uz Rehman

b. Father's Name/Husband's Name: Hameedullah Khan

c. Date of Birth of deceased: 03-01-1990 Age 34Y CNIC No. 21701-8586223-5

d. Residential Address: Sama Ghani Aka Khel Sultan Khel milwat Camp  
Tehsil Bala District Khyber Contact No. 0322-9074913

e. Proof of age:  National Identity Card  Matric Certificate  Other (Please specify) \_\_\_\_\_

### 3. Occupational Information

a. Employee No. \_\_\_\_\_

b. Date of Joining of Company 1-07-2023

c. Designation CHW

d. Monthly Salary 32000/-

e. Occupation (at date of Death) CHW

### 4. Event Information

a. Date of Diagnosis 12-2-2024

b. Date of Death 10-2-2024

c. Place of Death Milward-A

d. Primary Cause of Death Shooting by unknown

e. Secondary cause \_\_\_\_\_

f. On what date did deceased last attend his usual work? \_\_\_\_\_

g. When did deceased first complain of or give other indications of his/her last illness? \_\_\_\_\_

### 5. Claim Information

a. Amount of Claim \_\_\_\_\_

b. Title of Cheque \_\_\_\_\_

### 6. Declaration by Employer/Authorized representative

The undersigned, hereby makes claim to said Takaful coverage and hereby agrees that the written statements and affidavits of all the physicians who attended to or treated the Participant shall constitute and they are hereby made a part of these proofs of death and further agrees that the furnishing of this form, or of any nor a waiver of any of its right or defenses.

Furthermore, I/We hereby authorize, any physicians, hospitals, clinic or medical service provider, insurance company, or any other institution, or any person, who has any record or information about above mentioned life to provide Pak-Qatar Family Takaful Limited complete information including copies of records with reference to any sickness, accident, disability treatment, examination, medical investigation, advise or hospitalization underwent. A photocopy of this authorization shall be as valid as the original.

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

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

Date: \_\_\_\_\_

Company Stamp

### Checklist

- Form D-2 Physician's Statement
- CNIC - Deceased
- Death Certificate - NADRA
- Death Certificate Hospital
- Complete past treatment record (if any)
- Attendance record of six months before death
- Salary record of six months before death
- AML Questionnaire
- Copy of FIR/Police report (in case of unnatural cause)
- Copy of Autopsy report (if any)
- Copy of Driving license (in case of accident)

Please ensure to enclosed above mentioned document in order to avoid any delay

PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)

Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk



# Physician's Statement – D2 (for Death Claim)

**Note :** All answers must be in Physician's handwriting.  
Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

### 1. Deceased's Information

a. Deceased' Name: Ghani U Rehman

b. Father's Name/Husband's Name: ~~Hameedullah Khan~~ Hameedullah Khan

c. Date of Birth of deceased: 03/01/1990 Age: 34 years CNIC No. 21201-8586223-5

d. Residential Address: Sama Ghazi Aka Khel Sultan Khel Milwat Camp Tehsil  
Baya District Khyber Contact No. 0322-9074913

### 2. Event Information

a. Date of Death 12/2/2024

b. Place of Death UC MILWAZA A  
If died in hospital or other medical institution, please give name \_\_\_\_\_

c. Primary Cause of Death FAI

d. Secondary Cause of Death Injury to brain, lung, chest, Abdominal cavity

e. Interval between onset and death Immediately

From	To	No of Days

### 3. Past Medical History

a. When did deceased first complain of or give other indications of his/her last illness? \_\_\_\_\_

b. Date last consulted or took medical advise of his/her last illness? \_\_\_\_\_

c. Have you treated or advised any treatment prior to last illness?  Yes  No

d. Did the deceased, to your knowledge, receive treatment during the last five year from any other physician, or hospital?  Yes  No

Date	Physician/hospital Name	Nature of Illness	Treatment

### 4. Accidental Death/Suicide, Homicide

a. Cause of death, please specify  Accident  Suicide  Homicide  Other FAI

b. Please describe event in detail \_\_\_\_\_

c. Was an inquest/investigation held?  Yes  No

d. Was an autopsy performed  Yes  No if yes, please describe findings in detail  
FAT to Abd viscera, lung/Heart. & FAT to left fore arm and wrist.

### 5. Declaration

I hereby declared that to the best of my knowledge and belief the information given herein is true and complete

Signature: Zaleir Date of statement: 23/2/24

Name: Dr. Zaleir Contact No. \_\_\_\_\_



**DECLINE CERTIFICATE** (Issued under KP Letters of Administration and Succession Certificates Act, 2021)

It is to certify that \_\_\_\_\_ Samila \_\_\_\_\_ d/o \_\_\_\_\_ Maqbali Khan \_\_\_\_\_ bearing CNIC/Identity No. 21201-6759809-0 applied on 04-03-2024 for issuance of Decline Certificate regarding movable/immovable properties mentioned below as left by the deceased Mr \_\_\_\_\_ Ghani Ur Rehman \_\_\_\_\_ s/o \_\_\_\_\_ Hameed Ullah Khan \_\_\_\_\_ bearing CNIC/Identity No. 21201-8586223-5 in favour of the legal heir(s) mentioned here under:-

DETAILS OF MOVABLE/IMMOVABLE PROPERTIES	
Sr #	Details
1	other - Ghani ur Rehman (CHW) Community health worker Milward B Chip Training&consulting Khyber Agency kp.

Details of legal heir(s) are as under:

LEGAL HEIRS DETAILS			
Sr #	Name	CNIC/NICOP No.	Relation with Deceased
1	Samila	21201-6759809-0	Spouse

Henceforth, this reply may kindly be treated as Decline Certificate U/S 10 of Letters of Administration and Succession Certificate Act. 2021 read with Rule 4(2) of Letters of Administration and Succession Certificate Rules 2021 for all intents and purposes with reference to this application.

**Decline Reason:** one or more legal heirs (s) is/are minor.

Sr #	Name	Citizen Number	Relation with deceased
1	Muhammad Yar	21201-0322746-3	Son
2	Aneesa Bibi	21201-0433476-2	Daughter
3	Zohra	21201-2213272-0	Daughter
4	Bushra Bibi	21201-6496490-6	Daughter
5	Nasreena Bibi	21201-8276096-4	Daughter

This certificate is issued on the basis of information provided by applicant(s) and after fulfilling legal formalities under the provision of KP Letters of Administration and Succession Certificates Act, 2021.

If the applicant is found to have concealed any fact including concealment regarding any legal heir of the deceased, applicant shall be liable to face legal action as per prevailing law and this Decline Certificate shall deemed to be cancelled by the issuing Authority forthwith.

Document Number 300861000474  
Tracking ID: 300862000916  
Date of Issue: 06-03-2024



REGISTRAR GENERAL OF PAKISTAN



حکومت خیبر پختونخوا پاکستان

Govt of Khyber Pakhtunkhwa Pakistan



اندراج وفات سرٹیفکیٹ

Death Registration Certificate

دفتر اندراج : ALAM GUDAR B\_501013

Tracking Id: 91100039450622

CRMS No. : D247797448

OLD/M REG #:

Deceased Person's Details

متوفی کے کوائف

Old CRMS No. :

Name :	Ghani Ur Rehman	نام :	غنی الرحمن
Nationality :	Pakistani	قومیت :	پاکستانی
CNIC No :	21201-8586223-5	شناختی کارڈ :	21201-8586223-5
Date of Birth :	03-Jan-1990	تاریخ پیدائش :	03-Jan-1990
Gender :	Male	جنس :	مرد
Religion :	Islam	مذہب :	اسلام
Sickness Period :	00 Days 00 Months 00 Years	مدت علالت :	00 دن 00 ماہ 00 سال
Date of Death :	12-Feb-2024	تاریخ وفات :	12-Feb-2024
Date of Burial/Last rite :	12-Feb-2024	تاریخ تدفین/آخری رسومات :	12-Feb-2024
Place of Death :	milwat	جائے وفات :	میلوٹ
Reason of Death :	Un-Natural	وجہ وفات :	غیر قدرتی
Nature of Death :	Deadbody Found	کینٹ وفات :	مرده لاش ملی
Buried/Last rite at :	Mali Talab Maqbara	جگہ تدفین/آخری رسومات :	مالی تالاب مقبرہ

Parental Information

والدین کے کوائف

Father's Name :	Hameed Ullah Khan	والد کا نام :	حمید اللہ خان
CNIC No :		شناختی کارڈ :	
Mother's Name :	Bahadar Meena	والدہ کا نام :	بہادر مینہ
CNIC No :		شناختی کارڈ :	

Address

پتہ

Address :	aka khel sultan khel Village Milwat Camp, Post Office bara	پتہ :	اکاخیل سلطان خیل گاؤں ملوٹ کیمپ، ڈاکخانہ ہاڑہ
Tehsil :	Bara	تحصیل :	ہاڑہ
District :	Khyber	ضلع :	خیبر

Applicant's Details

درخواست دہندہ کے کوائف

Name :	Samila	نام :	سمیلہ
CNIC No :	21201-6759809-0	شناختی کارڈ :	21201-6759809-0
Relation with Deceased :	Wife	متوفی سے رشتہ :	بیوی

Information of Burial/Last rite by

تدفین/آخری رسومات کنندہ کے کوائف

Name :	Hameed Ullah Khan	نام :	حمید اللہ خان
CNIC No :	21201-1443398-3	شناختی کارڈ :	21201-1443398-3
Relation with Deceased :	Father	متوفی سے رشتہ :	والد
Entry Date :	20-Feb-2024	تاریخ اندراج :	20-Feb-2024
Issue Date :	27-Feb-2024	تاریخ اجراء :	27-Feb-2024
Entry Status :	Late	اندراج اسٹیٹس :	لیٹ
Additional Information :		اضافی معلومات :	



دستخط سیکرٹری  
نیبر بڈ کونسل عالم گدر بی

تحصیل ہاڑہ ضلع خیبر

SECRETARY  
N.C. 2 Alam Gudar B  
District Khyber

حکومت پاکستان  
نیشنل ڈیٹا بیس اینڈ رجسٹریشن اتھارٹی (وزارت داخلہ)  
اٹھارہ سال سے کم عمر بچوں کا سرٹیفکیٹ \*

39 (72)

21201-8586223-5

درخواست دہندہ کا شناختی کارڈ نمبر:

غنی الرحمن

درخواست دہندہ کا نام:

نمبر شمار	بچے کا نام اور رجسٹریشن نمبر	والد کا نام اور شناختی کارڈ نمبر	والدہ کا نام اور شناختی کارڈ نمبر	جنس / رشتہ	پیدائش کا ضلع یا ضلع تاریخ پیدائش	معدوری
1	نسرین بی بی 21201-8276096-4	غنی الرحمن 21201-8586223-5	سمیلا 21201-6759809-0	لڑکی	بالہ، خیبر 2014-04-01	کوئی نہیں
2	انیسہ بی بی 21201-0433476-2	غنی الرحمن 21201-8586223-5	سمیلا 21201-6759809-0	لڑکی	بالہ، خیبر 2015-06-05	کوئی نہیں
3	محمد یار 21201-0322746-3	غنی الرحمن 21201-8586223-5	سمیلا 21201-6759809-0	لڑکا	بالہ، خیبر 2017-02-17	کوئی نہیں
4	بشری بی بی 21201-6496490-6	غنی الرحمن 21201-8586223-5	سمیلا 21201-6759809-0	لڑکی	بالہ، خیبر 2018-04-01	کوئی نہیں
5	زحرہ 21201-2213272-0	غنی الرحمن 21201-8586223-5	سمیلا 21201-6759809-0	لڑکی	بالہ، خیبر 2021-06-01	کوئی نہیں

- 1- اس فیملی کے مندرجہ بالا اٹھارہ سال سے کم عمر 5 بچے 1 بچوں کا اندراج ہمارے ریکارڈ میں موجود ہے۔
- 2- درج شدہ بچے کی عمر اٹھارہ سال ہوتے ہی شناختی کارڈ کے حصول کیلئے درخواست جمع کروائیں۔
- 3- اس سرٹیفکیٹ کو سنبھال کر رکھیں کیونکہ بچوں کے اٹھارہ سال کی عمر کو پہنچنے پر انہی نمبروں کے حوالے سے شناختی کارڈ جاری کئے جائیں گے۔
- 4- نوزائیدہ بچے کا فوری طور پر اندراج کروائیں اور نیا رجسٹریشن سرٹیفکیٹ حاصل کریں۔
- 5- کوائف کی تبدیلی کی صورت میں نیا رجسٹریشن سرٹیفکیٹ حاصل کریں۔

اسد رحمان گیلانی

دستخط رجسٹرار جنرل

تاریخ اجراء 2023-07-26



سمہ حزمی لاکھیل سلطان خیل، ڈاک خانہ بالہ، ملوٹ کمپ، تحصیل بالہ، ضلع خیبر ایجنسی





\*EA55222731\*

## FAMILY REGISTRATION CERTIFICATE

**Applicant Name:** Samila  
**Citizen Number:** 2120167598090  
**Document Number:** EA55222731

**Family Members:** 7

It is to certify that the family comprising of the following members is registered in NADRA with the particulars mentioned below as per the information provided.

1



**Name:** Ghani Ur Rahman  
**Identity No:** 21201-8586223-5  
**Date of Birth:** 03/01/1990  
**Father Name:** Hameed Ullah Khan  
**Mother Name:** Bahadar Mina  
**Relation With Applicant:** Husband

پورا نام: غنی الرحمن  
والد کا نام: حمید اللہ خان  
والدہ کا نام: بسا درمینہ

2



**Name:** Samila  
**Identity No:** 21201-6759809-0  
**Date of Birth:** 01/01/1996  
**Father Name:** Maqbal Khan  
**Mother Name:** Sabar Meena  
**Relation With Applicant:** Self

پورا نام: سمیلہ  
والد کا نام: مقبولی خان  
والدہ کا نام: صبر مینہ

3



**Name:** Nasreena Bibi  
**Identity No:** 21201-8276096-4  
**Date of Birth:** 01/04/2014  
**Father Name:** Ghani Ur Rahman  
**Mother Name:** Samila  
**Relation With Applicant:** Daughter

پورا نام: نسرینہ بی بی  
والد کا نام: غنی الرحمن  
والدہ کا نام: سمیلہ

4



**Name:** Aneesa Bibi  
**Identity No:** 21201-0433476-2  
**Date of Birth:** 05/06/2015  
**Father Name:** Ghani Ur Rahman  
**Mother Name:** Samila  
**Relation With Applicant:** Daughter

پورا نام: انیسہ بی بی  
والد کا نام: غنی الرحمن  
والدہ کا نام: سمیلہ

5



**Name:** Muhammad Yar  
**Identity No:** 21201-0322746-3  
**Date of Birth:** 17/02/2017  
**Father Name:** Ghani Ur Rahman  
**Mother Name:** Samila  
**Relation With Applicant:** Son

پورا نام: محمد یار  
والد کا نام: غنی الرحمن  
والدہ کا نام: سمیلہ

6



**Name:** Bushra Bibi  
**Identity No:** 21201-6496490-6  
**Date of Birth:** 01/04/2018  
**Father Name:** Ghani Ur Rahman  
**Mother Name:** Samila  
**Relation With Applicant:** Daughter

پورا نام: بشری بی بی  
والد کا نام: غنی الرحمن  
والدہ کا نام: سمیلہ

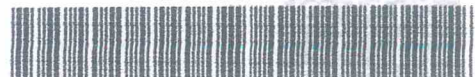
**Note:**

- The above mentioned family members are linked in NADRA database
- There could be other family members that may be registered but not linked to this family in NADRA database



REGISTRAR GENERAL OF PAKISTAN

Date of Issue: 26/02/2024



\*2120167598090\*

## NATIONAL DATABASE AND REGISTRATION AUTHORITY

Certificate No:  
63043273

Ministry of Interior, Government of Pakistan

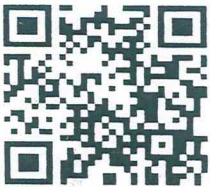
## RECEIPT FOR ID CANCELLATION#

( Due to Death وفات بوجہ )

Under Section 17(3) of NADRA ordinance 2000

زیر دفعہ (3) 17 نادر آرڈی نینس مجریہ سنہ 2000ء

Applicant Details		است و ہندہ کی تفصیلات	
Identity Number: 21201-1443398-3	شناختی کارڈ نمبر: شاختی کارڈ نمبر:	Name: Hameed Ullah Khan	یڈ اللہ خان
Relation with Deceased: Parent	متوفی سے رشتہ: والدین		
Deceased Details		نی کی تفصیلات	
Father's Name: Hameed Ullah Khan	والد کا نام: حمید اللہ خان	Name: Ghani Ur Rehman	نی الرحمن
Date of Death: 12 February, 2024	وفات کی تاریخ:	Identity Number: 21201-8586223-5	نتی کارڈ نمبر:



REGISTRAR GENERAL OF PAKISTAN

Issuance Date

تاریخ اجراء

28 February, 2024



2120114433983





کو ماہور تفتیش کیا جاوے انہراں باہ کو بطور پستل دیوار  
اطلاع دی جویں دستخط انگریزی ہارون خان ASHO ٹھانہ دیوار  
ہو ۱۲ مارچ کی ٹھانہ آمدہ تحریری مہ اسلہ صرف ہفت روزہ با  
پیر پیر جہاں باہ جہاں کیا جا کر نقول ۴۱۲ لغزنی تفتیش حوالہ نسیم  
کے جہاں بین انہراں باہ کو بطور پستل دیوار کے اطلاع دی جاوے  
پیر پیر بطور پستل دیوار کے گزارش ہے

بالسہ AZHO اعظم قل  
ASHO PS mihad.  
12/12/2024

**POST-MORTEM REPORT**

Yearly No

567-16

NAME Ghani-uy-Rehman  
 FATHER'S NAME OR HUSBAND'S NAME Hameed-ullah  
 Caste Akakhel  
 RESIDENCE Merikhel  
 SEX Male AGE 34-35 years

DISTRICT Khyber

Find brought by <u>Said wali</u> <u>RAIL NO 2578</u>	Body identified by: <u>Said Rehman</u>
<u>Khalid Fazal Jan Talab</u>	<u>Aziz-uy-Rehman</u>
Whence brought: Village, Thana, District	<u>Madakhel Akakhel 5-6 km from Milwat police station</u>
DATE AND HOUR OF	<u>11:20 AM of 12th February 2021</u>
Death:	Examination of body Despatch of matter to Chemical Examination
Symptoms observed before death:	<u>Recieved Dead</u>
Information furnished by Police:	

N.B. — The Medical Officer will observe the state of all the agress, and when he finds no disease or injury, he should write in the appropriate place the word "Healthy"

**I. EXTERNAL APPEARANCE**

Mark of ligature on neck and dissection, etc.	<u>Nil</u>
Condition of subject stout emaciated, decomposed, etc., Clothing.	<u>Young overweight Male, with clotted blood on face and Hair, clothes stained with blood.</u> <u>- Rigor Mortis - Fully developed. Begin to resolve in Neck.</u> <u>- postmortem lividity Fully developed &amp; fixed.</u> <u>Multiple Fire Arm Injuries.</u>
Wounds, bruises, position, size, nature.	<u>- Entry wound about 1x1cm on medial side of left Wrist joint with charring mark and Exit wound of about 1.5x1.5cm on dorsum of left hand between 1st and 2nd Metacarpals. Left</u> <u>- Entry wound about 1cm x 1cm on Anterior Surface of lower Face Arm and Exit wound of about 1.5x1.5cm on posterior Surface of lower face Arm.</u> <u>- Entry wound about 1x1cm on Right lower back just Above buttock with charring Marks and Exit wound about 1.5x1.5cm on left Abdomen at the level of and 5 to 6cm lateral to Umbilicus</u> <u>- Entry wound about 1.0x1.0cm on tip of left Shoulder. Trajectory into thorax.</u> <u>- Superficial lacerations on face and</u>

- Tip of tongue bitten

1. Walls	Injured
2. Peritoneum	" "
3. Mouth, Pharynx and Oesophagus	Not injured
4. Diaphragm	" "
5. Stomach and its contents	" "
6. Pancreas	" "
7. Small intestines and their contents	Injured
8. Large intestines and their contents	Injured
9. Liver	Not injured
10. Spleen	Not injured.
11. Kidneys	left kidney injured.
12. Bladder	Not injured.
13. Organs of generation external and internal	Not injured.

III. - THORAX

1. Walls, Ribs and cartilages ... ..	Injured
2. Pleurae ... ..	Injured.
3. Larynx and trachea ... ..	Not injured.
4. Right lung ... ..	Not injured.
5. Left lung ... ..	Injured.
6. Pericardium and heart ... ..	Injured.
Blood vessels ... ..	Injured.

569-16 Injury	Disease or Deformity.	Fracture.	Disfigurement.
AS per injury sheets	Nil	Shoulder bone	nil

**VI REMARKS BY MEDICAL OFFICER.**

In My opinion. Death occur due to Multiple FAI's leading to Injury to <sup>vital organs in</sup> thorax, Abdominal viscera and vessels.

Dead body along with postmortem Report handed over to police.

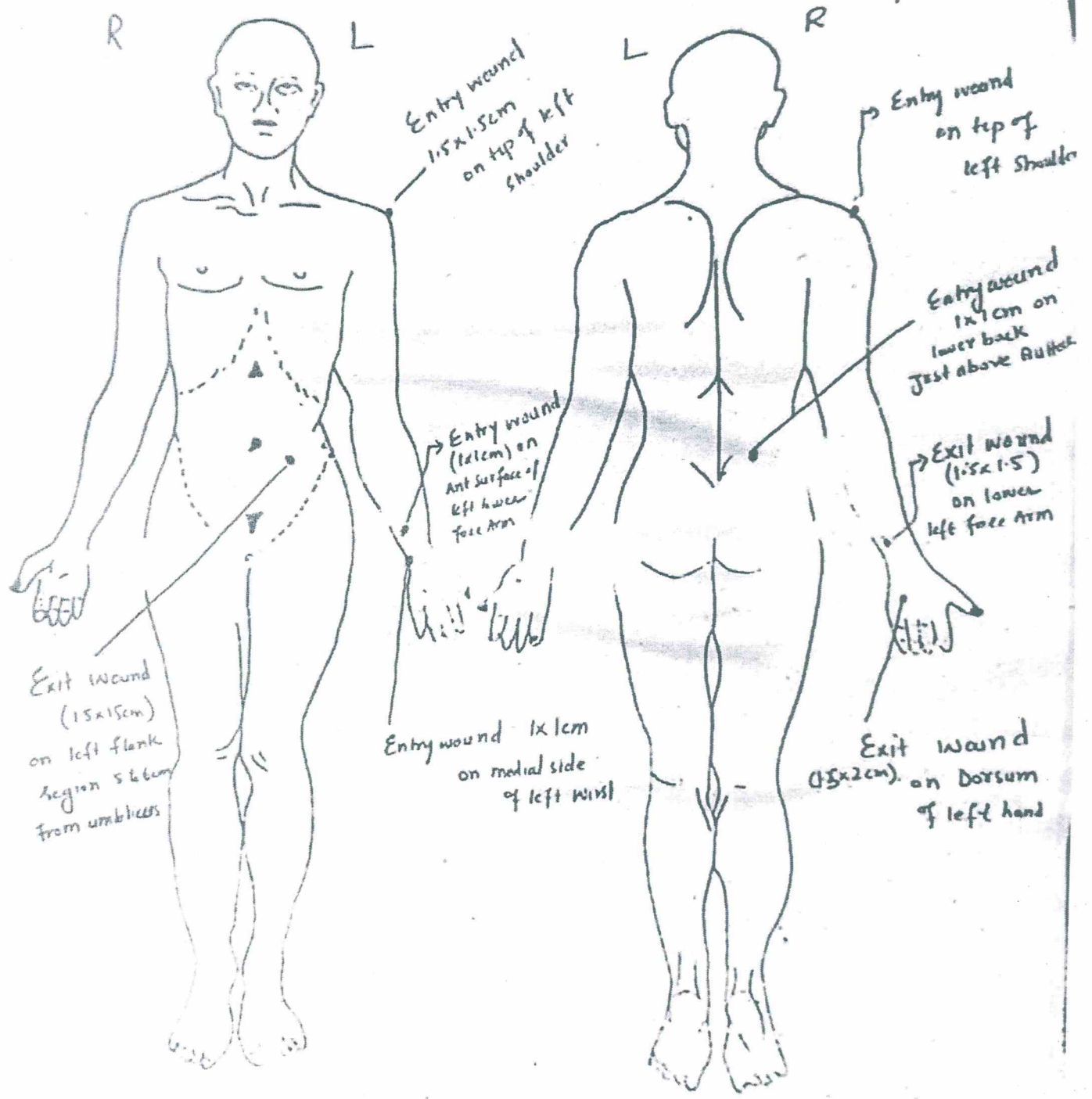
Probable time that elapsed —	
(a) between injury and death;	Immediate
(b) Between death and Post-Mortem.	18 — 48 hours

Station: THQ. Dogra

Date: 12/2/2024

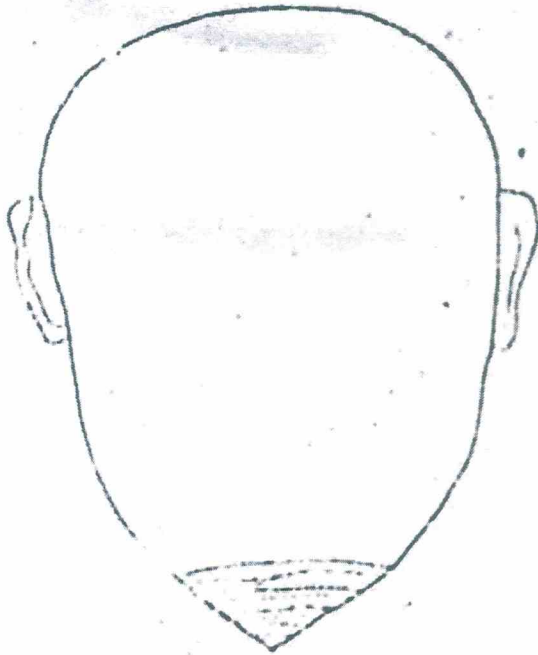
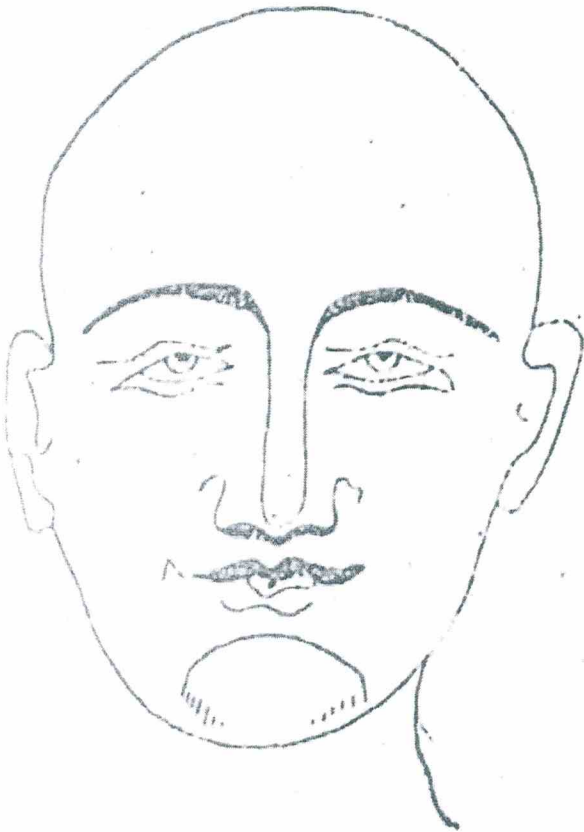
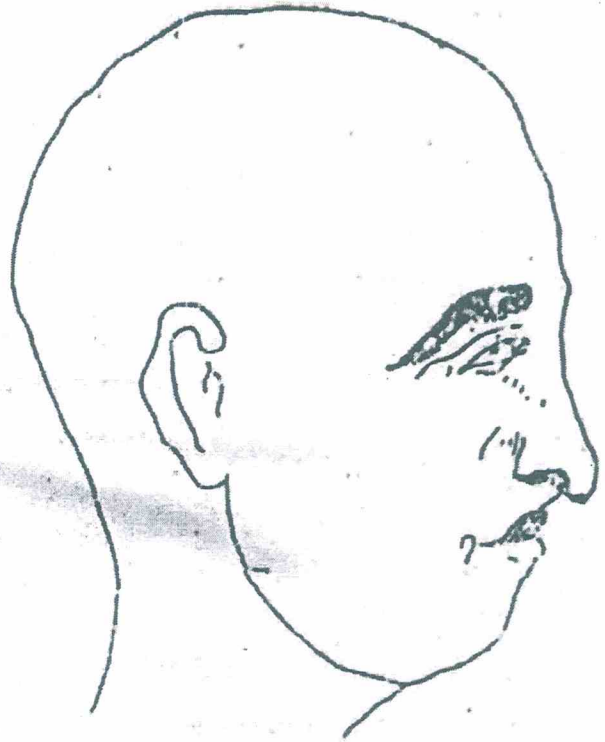
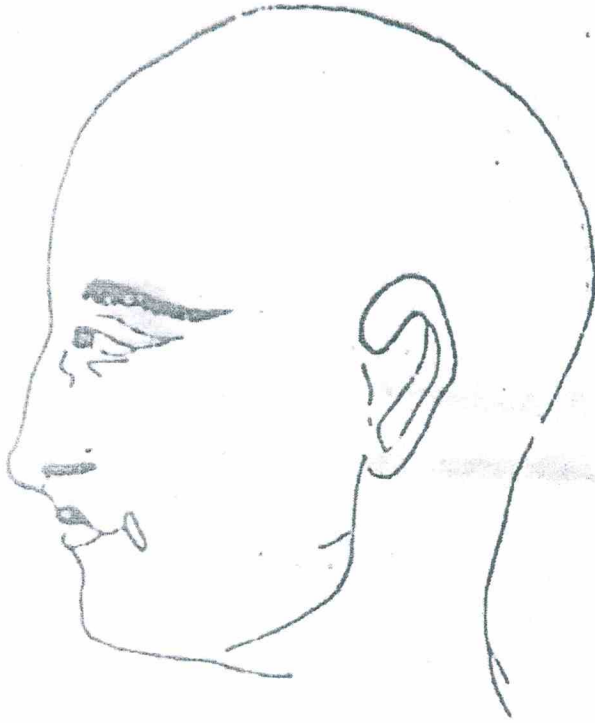
  
Signature & Designation of  
Medical Officer.

# CUT LINES OF THE BODY FOR LOCATING INJURIES OF DEAD BODIES



# CUT LINES OF HUMAN HEADS

No injury  
Except tip of  
tongue  
Bitten







Chip Training & Consulting (Pvt) Ltd

Month: August , 2023

EMPLOYEE NAME Ghani Ur Rehman		DESIGNATION CBV-CHW-KPK-Khyber-Bara-Milward BPayan	
BANK NAME		LOCATION Peshawar	
BANK A/C #		CNIC:2120185862235	
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	29,091		
Medical Allowance	2,909		
Salary Arrears			
		TOTAL EXPENSES/ ARREARS	
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	-
		Others Deductions	-
		EOBI Employee Contribution	-320
		Withheld Amount	
Gross Salary	32,000	TOTAL DEDUCTIONS	-320

31,680

NET PAY

Regards,  
Payroll Department,





Chip Training & Consulting (Pvt) Ltd

Month: October, 2023

EMPLOYEE NAME Ghani Ur Rehman		DESIGNATION CBV-CHW-KPK-Khyber-Bara-Milward BPayan	
BANK NAME		LOCATION Peshawar	
BANK A/C #		CNIC:2120185862235	
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	29,091		
Medical Allowance	2,909		
Salary Arrears			
		TOTAL EXPENSES/ ARREARS	
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	-
		Others Deductions	-
		EOBI Employee Contribution	-320
		Withheld Amount	
Gross Salary	32,000	TOTAL DEDUCTIONS	-320

31,680

NET PAY



Regards;  
Payroll Department,



Chip Training & Consulting (Pvt) Ltd

Month: November, 2023

EMPLOYEE NAME Ghani Ur Rehman		DESIGNATION CBV-CHW-KPK-Khyber-Bara-Milward BPayan	
BANK NAME		LOCATION Peshawar	
BANK A/C #		CNIC:2120185862235	
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	29,091		
Medical Allowance	2,909		
Salary Arrears			
		TOTAL EXPENSES/ ARREARS	
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	-
		Others Deductions	-
		EOBI Employee Contribution	-320
		Withheld Amount	
Gross Salary	32,000	TOTAL DEDUCTIONS	-320

31,680

NET PAY

Regards,

Payroll Department,



Chip Training & Consulting (Pvt) Ltd

Month: December, 2023

EMPLOYEE NAME Ghani Ur Rehman		DESIGNATION CBV-CHW-KPK-Khyber-Bara-Milward BPayan	
BANK NAME		LOCATION Peshawar	
BANK A/C #		CNIC:2120185862235	
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	29,091		
Medical Allowance	2,909		
Salary Arrears			
		TOTAL EXPENSES/ ARREARS	
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	-
		Others Deductions	-
		EOBI Employee Contribution	-320
		Withheld Amount	
Gross Salary	32,000	TOTAL DEDUCTIONS	-320

31,680

NET PAY

Regards;  
Payroll Department,



### Chip Training & Consulting (Pvt) Ltd

Month: January , 2024

EMPLOYEE NAME Ghani Ur Rehman		DESIGNATION CBV-CHW-KPK-Khyber-Bara-Milward BPayan	
BANK NAME		LOCATION Peshawar	
BANK A/C #		CNIC:2120185862235	
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	29,091		
Medical Allowance	2,909		
Salary Arrears			
		TOTAL EXPENSES/ ARREARS	
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	-
		Others Deductions	-
		EOBI Employee Contribution	-320
		Withheld Amount	
Gross Salary	32,000	TOTAL DEDUCTIONS	-320

31,680

NET PAY

  
Regards;  
Payroll Department,

**PAKISTAN**  
ISLAMIC REPUBLIC OF PAKISTAN

**National Identity Card**



Name  
**Samia**

Husband Name  
**Ghani Ur Rahman**

سید  
غنی الرحمن

Gender  
**F**

Country of Stay  
**Pakistan**

Identity Number  
**21201-6759809-0**

Date of Birth  
**01.01.1996**

Date of Issue  
**18.12.2022**

Date of Expiry  
**18.12.2032**

Holder's Signature



21201-6759809-0

سرکاری: اسمہ سرکاری کا خیال سلطان خیل، ڈاک خانہ  
بارہ، ملوٹ کیس، تحصیل بارہ، ضلع میجر



50552177164

مستحق: اسمہ سرکاری کا خیال سلطان خیل، ڈاک خانہ  
بارہ، ملوٹ کیس، تحصیل بارہ، ضلع میجر

h. Registrar General of Pakistan

گمشدہ کارڈ ملنے پر قریبی ایئر بس میں ڈال دیں





حکومت پاکستان

لومی شناختی کارڈ

21201-1443398-3

نام: محمد اللہ خان

جنس: مرد

والد کا نام: غلام سرور خان

شخصی حالات: ہمیں کوئی بڑھان رقم

1958

عنوان پروفیشن

تاریخ پیدائش:

دستخط سربراہ جنرل



دستخط مال کارڈ

X2Z3JB

تفاتیقی نمبر: 21201-1443398-3

پرانا شناختی نمبر: 14058047724



نام: سلطان محمد  
موجودہ پتہ: آزاد نیشنل فورس افغان نیشنل سپر لائبریری کالج - بارہ  
تفصیل: بارہ، مینجمنٹ فیسر، ایف سی

سنگھ: پتہ: ایف سی

تاریخ اجراء: 02/02/2018  
گمشدہ کارڈ کے پر ترقیبی نمبر: 14058047724

