

CHIP TRAINING & CONSULTING (PVT) LTD

CBV Staff Physical Locality Verification Form

Name of Staff Member: *Bibi Jamila*

Position: *CHW* CNIC: *59304-0568230-0* Code: *1546*

UC Name: *Hikalzai* District: *Pishin*

Permanent Address as per CNIC:
بيگم جملہ

Current Address if other than Permanent (Attach a proof if other than CNIC):
بيگم جملہ

Area Assigned as per Micro plan/Assessment with details of sub areas/code:
1546

After verification locality status:						
Locality Status	Status (X)	Distance in KM/ Time in minutes)	Mode (Walk/ vehicle)	Area Status (G1, G2, G3, or Mix of above)	If Non-Local, mention local UC name	Local code and exact details of his residence area
Local (local to the assigned sub area/as well as assigned UC)	<input checked="" type="checkbox"/>	<i>0m</i>	<i>walk</i>	<i>G2</i>		<i>1546</i>
Very adjacent (Non Local to the assigned sub area (code) "on a walking distance of 15-20 minutes" (can be from adjacent boundary UC or within UC).	<input type="checkbox"/>					
Adjacent (Non Local to the assigned sub area (code) "on a walking distance of more than 20 minutes or local transport travel distance of 15-25 minutes (can be from adjacent UC or within UC)	<input type="checkbox"/>					
Non-local (non-local to code as well as non-local to the assigned UC having greater distance)	<input type="checkbox"/>					

Any Other remarks (if Any):
Local Candidate

CTC Staff Member Name, designation and Signature: *Zia ul Haq P.A. Bar Shoye* Staff/(Government Official) if necessary:

Date of verification: *26-07-2023*

[Signature]