

CHIP TRAINING & CONSULTING (PVT) LTD

CBV Staff Physical Locality Verification Form

Name of Staff Member: *Sadia*Position: *CHW*CNIC: *354044449475-4*Code: *1536*UC Name: *Batazai*District: *Pishin*

Permanent Address as per CNIC:

بابر محلہ ساہوکی بلیاں - ڈاکخانہ کٹنوں پور

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

بابر محلہ کٹنوں پور

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

1536

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>10 m</i>	<i>walk</i>	<i>G²</i>		<i>1442</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):

D-C consider these u/c as Local u/c

CTC Staff Member Name, designation and Signature:

Ziaul haq P.A Barshore

Staff/(Government Official) if necessary:

Date of verification:

*27-07-2023**[Signature]*