CHIP TRAINING & CONSULTING (PVT) LTD						
CBV Staff Physical Locality Verification Form						
Name of Staff Member: Position: A. S. CNIC: 84302-07501407 Code: UC Name: Y010-A District: Pistuin Permanent Address as per CNIC:						
Position: A . C CNIC: 84302-07501407 Code:						
UC Name: Your - A District: Pistin						
Permanent Address as per CNIC:						
i de de ji						
Current Address if other than Permanent (Attach a proof if other than CNIC):						
Area Assigned as per Micro plan/Assessment with details of sub areas/code:						
91 Jig gl, 61 ju						
After verification locality status:						
Locality Status	Status (X)	Distance in KM/ Time	Mode (Walk/	Area Status (G1, G2, G3,	If Non-Local, mention	details of his residence
	(*)	in	vehicle)	or Mix of	local UC	area
Local (local to the assigned		minutes)		above)	name	
sub area/as well as assigned UC)	/	OM	Walk	G		
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).						
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				1		
minutes (can be from adjacent					21	
UC or within UC) Non-local (non-local to code						
as well as non-local to the						
assigned UC having greater				- A 1 1 m		
Any Other remarks (if Any):						
He is local UC, CTC Staff Member Name, designation and Signature: Staff/(Government Official) if necessary: Shabit Ahmed PO Stable: Staff/(Government Official)						
Circ Staff Member Name, designation and Signature.						
Date of verification: 01 - Auf-2023						
01-1-10-1020						