

CHIP TRAINING & CONSULTING (PVT) LTD

CBV Staff Physical Locality Verification Form

Name of Staff Member:

Haris Khan

Position:

A.S

CNIC:

54201-2426823-5

Code:

1116

UC Name:

Roghani 3

District:

K.A. Chander

Permanent Address as per CNIC:

Mohi Mahan Mohalldi

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

Mohi Mahan Mohalldi

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

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) | ✓ | 5 min | walk | G2 | - | 463/468 |
| 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 minutes (can be from adjacent UC or within UC) | | | | | | |
| Non-local (non-local to code as well as non-local to the assigned UC having greater distance) | | | | | | |

Any Other remarks (if Any):

Local of same UC

CTC Staff Member Name, designation and Signature:

P.O. CTC Haris Khan

Staff/(Government Official) if necessary:

Date of verification: