	СН	IP TRAINING	& CONSUI	LTING (PVT) L	TD	
	C	BV Staff Physi	cal Locality	Verification Fo	rm	
Name of Staff Member:		en		The second secon	1	
Position: AS		CNIC: 54		03001	COLUMN TO A STATE OF THE STATE	11.22 A
	the state of the s	Lavai 2		District:	(A	
Permanent Address as per Cl		r Ka	xai2	dak Ki	homes (Mourie
Current Address if other than				than CNIC): dak Kh	ana C	Theur
Area Assigned as per Micro	I i was a second of the second		A STATE OF THE STA	Alternative communications and the second		
After verification locality sta		Diotago (a)	Mode	Auga Chabus	If Non Total	Total and and areat
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)	M	J wen	walk	91	tocal	K0482
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)				,3		
Non-local (non-local to code as well as non-local to the assigned UC having greater distance)						
CTC Staff Member Name, d		n and Signatu ASS 0	ire; ceate	Staff/(Gov	ernment Officia	l) if necessary:
or verification:	26-	7 -	202	3	*	