

	C	BV Staff Physic	cal Locality	Verification Fo	rm	
Name of Staff Member:		Lait.				
Position: Chw		CNIC			Code:	1 1 1 1
UC Name						
Permanent Address as per C	Dead I		District:	Change		
0	,	79 80		2		
Current Address if other tha	n Perman	9 6	along			
Truck of	r cilian	ent (Attach a p	roof if othe	r than CNIC):		T. A. S.
Ω	n .					
rea Assigned as per Micro	Mary Mary	C	alomi			
	PlanyAsse	ssment with d	etails of su	b areas/code:		
fter verification locality sta						
Status Dieter						
	(X)	KM/ Time	Mode (Walk/	Area Status (G1, G2, G3,	If Non-Local,	Local code and exact
ocal day to the		in minutes)	vehicle)	or Mix of	mention local UC	details of his residence area
ocal (local to the assigned b area/as well as assigned C)		minutes)		above)	name	area
ery adjacent (Non Local to						
ussivnen cub area / 1						
n a walking distance of 15- minutes" (can be from	-					
jacent boundary UC or thin UC).		Liver	wall	1	004	
djacent (Non Local to the				C12	MI	1
signed sub area (code) "on a						
alking distance of more than minutes or local transport						
wel distance of 15-25						
inutes (can be from adjacent				The state of the s		
C or within UC) on-local (non-local to code						
well as non-local to the						
signed UC having greater stance)					A series	
ny Other remarks (if Any)			. 1	1,		
		very	Adayo		of Wa	
CTC Staff Member Name, o		n and Signatu	ire: Tylon Ill	Staff/(Gove	rnment Officia	l) if necessary:
Date of verification:	_ Cha	non f	the all	4		
23	-8-27					