



# THE I/C/T EMPLOYEE'S SOCIAL SECURITY INSTITUTION ISLAMABAD

## CERTIFICATE OF CONTRIBUTIONS, WAGES AND EMPLOYEMENT

Name of Secured Person \_\_\_\_\_

Social Security Number

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Ticket No. / works No. / Khatta etc \_\_\_\_\_

I certify that the above named person has been (i) continuously employed by me and paid contribution for at least 90/180 days during the last 6/12 months and the Number of day worked by HIM / HER in each of the last 6/12 month was as under:-

M O N T H		No. Of days	M O N T H		No. Of days
1			4		
2			5		
3			6		

II) The last date of work was \_\_\_\_\_

III) The rate of wages last paid to HIM / HER was:-

Rs.	Per Month
Rupees:	

Vi) I further certify that the above named person was in my employment on \_\_\_\_\_ (date of accident or of on set of occupational disease)

Iv:) A report of the accident on Form B-3 HAS / HAS NOT been submitted.

Registered No. Of Employer

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Employer's Stamp.

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(Date) \_\_\_\_\_ Signad \_\_\_\_\_

Position in Firm \_\_\_\_\_ On behalf of Employer.

Form B-2/2A

Delete as necessary

