### ICT Employees Social Security Institution Islamabad Social Security No.\_ Registration Form for Worker (R2) National CNIC No 1. Name of Worker \_\_\_\_\_\_\_ 3. DOB \_\_\_\_\_\_ 4. Name of Establishment \_\_\_\_\_\_ 5. Date of Joining \_\_\_\_\_ 6. Post \_\_\_\_\_ 7. Status of Job (Permanent/Temporary/Seasonal) 8. Section/Factory No.\_\_\_\_\_\_ 9. Marital Status \_\_\_\_\_\_ 10. Permanent Address \_\_\_\_\_\_ Mobile # \_\_\_\_\_ Dependents under Care Sr. Identity Mark **CNIC No** Relation Name DOB No I solemnly declare that above mentioned information is correct and I do not have Social Security Card. Name of Desired Dispensary:\_ OPD No: Recent It is certified that above mentioned information Photograph with Is correct under my knowledge. blue background Attestation of Establishment

Please turn the page for instructions

Worker Signature/ Thumb Impression

				Timo				
ثيوش اسلام آباد	ئی انسٹی	يكيور	يسوشل سأ	ا في ايمپيلائر	آئی سی			
	رکن(R2)	إبرائككا	رجنر پشن فارم					
قوى شاختى كارد نبر السال								
1 عام كادكن 2 ولديت 3 عارى پيدائش 1								
4 منعت یاادارے کانام 5 تاریخ لماذرت 6 عبد ا 7 دمیت ماذرت (ستقل اعارض این ل) 8 عیش یا فیشری کانبر								
7 نوميت طاذمت (ستقل اعاد ض اميزيل) 8 سيكن يا تيشرى كانبر 9 ازدوا مي حيثيت 11 كاركن كاستقل پية 9 ازدوا مي حيثيت 11 كاركن كاستقل پية								
کارٹن کا مسلل پھ					ازرواجی حیثیت			
		بزريكفالر						
والده والدوري كاورا فهار منال عدة إده مرك بكل كافرى شاخى كالمذافر	شاختی نشان	. رشته	تارئ پيدائش	· /t	نبرغار			
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	اردموجودتيل ہے۔	ب سوشل سیکورنی کا	ں اور میرے پاس <u>پہلے</u> ۔	مير مدرجه إلاكواكف درست ?	مِس ملفيد بيان كرانا اكر تي بول ك			
		. "			نام وسنرى جهال سعلاج متعبو			
				1,21	. 02204.07141			
حالية نو كاركن	·   ' .		O.	2,50				
تقمدین کیا جا تاہے کہ مندرجہ بالا اندرا جات میرے ریکارڈ کے مطابق درست ہیں کارکن کے دیجندا نشان انکوشا								
-		<del>-</del>	مهرآجر	رسخفا	نبراجر			
D.D. (R)	عاری ایرار (R5)				سوشل سيكور في مبر			
	• .	رادة فرائح	المالية الأسا	y. "	6 112			

# THE ICT EMPLOYEES' SOCIAL SECURITY INSTITUTION ISLAMABAD

#### MEDICAL FITNESS CERTIFICATE

## ONLY FOR EMPLOYMENT UNDER SECTION 12 OF FACTORY ACT.

Name	Name: S/O					
Date of birthN.I.C. No.						
Name	of establishment:					
Addr	ess:			,		
Age:		Dispensary:				
Ches			OPD No:			
01103	•	.,				
MED	ICAL EXAMINATION:					
Α.	PHYSICALLY AND MENTALLY	FIT	UNFIT			
в.	ANY HO CHRONIC AILMENT (If yes please specify)	YES	NO			
C.	TAKING ANY REGULAR MEDICINE	YES	NO			
D.	INVESTIGATION RECOMMENDED					
		·F	lbs Ag:			
		ŀ	Hcv:			
SIGN	ATURE OF APPLICANT					
Family	History:					
Educa	ition:		M,Q,I/C,I,T,C & SSD			
Salary	œ.					

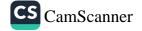
## THE ICT EMPLOYEES' SOCIAL SECURITY INSTITUTION ISLAMABAD

#### AFFIDAVIT

L,	S/O _		a secured
Worker under Social Security No	1 to		
Vills			
Vi/s			solemnly declare
That my Family & Parents are deper	ndent upon	and residing with	me as
Heshelthey have no source of incom	e of his/her	their own. Their	particulars are
as under:-			
Name of Father/Mother	Age	Marks of	Identity Card No.
		Identification	issued
	*		
			•
Signati	ure/Thumb	impression	
Father		•	
	r		
The content of above statement are c	orrect the l	est of my knowles	lge and belief
in case of any information given abo	ve is found	incorrect. It will b	e liable to be punished
for imprisonment of 3 month and fin	e upto 1000	/- or both.	

Signature/Thumb Impression Of the secured worker

Attested by the Employer Signature with Stamp



سوشل سیکورٹی کارڈ بنوانے کی ہدایات اطریقہ کار

#### Instructions/SOPs for Social Security Card

- 1. Fill the registration form R-2 completely & accurately R-2 form must be attested by the
- Worker must attach a valid copy of CNIC & 2 passport size pictures attested by the employer.
   CNIC copy (valid) of dependent parents, wife and children with 18 years age and above must be attached with the form. Pictures of children less than 18 years age must be provided with a copy of NADRA B-Form attested by employer along with CNIC copy.
- 3. Copy of marriage certificate must also be attached if wife's CNIC is on her Father's Name.
- 4. The timing for submission of form is 09:00 AM to 01:00 PM.
- 5. Computerized card will be issued after 07 working days of submission of form.
- 6. Card should be received by worker within 7 working days of submission of form.
- In case of lost / misplaced card, submit a copy of FIR along with application and CNIC copy attested by the company/employer.
- Rs.150/- must be submitted for issuance of duplicate computerized card (if card is lost/misplaced or any amendment).
- Social Security affidavit form must be attested by the company/employer for dependent parents.
- 10. If medical book is lost/misplaced/ finished the copy of social security card and attested application should be submitted along with Rs.50/- Fee.
- 11. Worker's son will be provided medical facility till 21 years age whereas daughter till marriage.
- 12 Please attach yn Salary Slip of secent month. 13 - Attach pictures of dependents.