

DEFENCE HOUSING AUTHORITY CITY KARACHI (DHAC)
 KM-50, Motorway M-9, (Post Code 75340) DHA City Karachi
 Phones: 021-36470114, 36470092 Fax: 021-36470007
 Web:www.dhacitykarachi.org.pk/ Email ID:tr_dhacity@dhakarachi.org

DHAC MEMBERSHIP FORM CATEGORY "D" FOR DHA STAFF

READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING

OFFICE USE ONLY	
Membership No.	_____
Date	_____

PHOTO
(Please Paste)

(Passport Size
Attested on Front)

PERSONAL PARTICULARS													
1. Name : Mr./Mrs. /Miss./Mst.	_____												
2. Marital Status :	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Divorcee	<input type="checkbox"/> Widower	<input type="checkbox"/> Widow								
3. CNIC No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. NICOP/POC/Passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Nationality	_____	6. Religion	_____	7. Sect	_____	8. DOB	_____						

PROFESSIONAL INFORMATION	
1. Qualification/ Profession	_____
2. Organization	_____
3. Designation	_____

ADDRESSES	
1. Present Address :	_____
2. Permanent Address :	_____
3. E-Mail (Own) :	_____

CONTACTS	
1. Tel Office :	_____
2. Residence :	_____
3. Mobile :	_____
4. Other :	_____

**DEFENCE HOUSING AUTHORITY CITY KARACHI (DHAC)
 DETAILS OF FAMILY MEMBERS
 TO BE FILLED IN BLOCK LETTERS**

1.	FATHER'S NAME														
	CNIC No.														
2.	MOTHER'S NAME														
	CNIC No.														
3.	SPOUSE'S NAME														
	CNIC No.														
	PH NOS. (LAND LINE/MOB) (Optional)														
4.	CHILDREN OVER 18 YEARS														
	(1) NAME														
	CNIC No.														
	(2) NAME														
	CNIC No.														
	(3) NAME														
	CNIC No.														
	(4) NAME														
	CNIC No.														
	(5) NAME														
	CNIC No.														
5.	CHILDREN UNDER 18 YEARS														
	(1) NAME														
	Child Registration No.														
	(2) NAME														
	Child Registration No.														
	(3) NAME														
	Child Registration No.														
	(4) NAME														
	Child Registration No.														
	(5) NAME														
	Child Registration No.														

Date: _____

Signature: _____

Note:

Name: _____

- a. Please use Extra Sheet if necessary.
- b. Attach NADRA Verification Form

FOR DHA EMPLOYEES

Name : _____

Staff No. _____

Date of Employment _____

Date of retirement _____

Plot allotted No. _____ Sect No _____

Size _____

Office Seal

Counter Signature
Head of Department

TO BE SIGNED BEFORE DHA CITY DESIGNATED OFFICER

Signature _____

Signature _____

Signature _____

Thumb Impression

Left (Male) Right (Female)

**RECOMMENDED/APPROVED
BY
DEPUTY DIRECTOR MEMBERSHIP**

Date _____

Deputy Director Membership

RECOMMENDED

1. Restriction Yes No

2. if Yes give details _____

3. Action on restriction _____

Date _____

Dy Director M/ship

CERTIFICATE

I certify that:-

1. The above particulars are correct.
2. I am prepared to accept Membership in Category 'D' of the (DHA City) Defence Housing Authority City Karachi, and to subscribe to its fee and relevant dues.
3. I will abide by all the existing rules and regulations laid down by the Defence Housing Authority Karachi (DHAC) including any changes that are incorporated in such Rules / Bye – Laws and regulations from time to time.

Signature_____

Name_____

INSTRUCTIONS

For Category 'D' (Dee) Membership

General

1. In accordance to Service Rules for Employees of the Pakistan Defence Officers Housing Authority, Karachi-1992 or amended from time to time.
2. Category 'D' (DEE) Membership is only for allotment of a staff plot and valid till disposal of allotted plot. Member if desirous of purchase other Plot, will be required to obtain separate membership.
3. Applicant has to appear personally before the DHA City designated officer for signatures, digital photograph and digital finger printing. Original CNIC and Staff Identity Card must be in possession while appearing before DHA City Designated Officer.
4. Non-Muslims are exempted from Mosque fund.
5. Any observation noted at the time of biometrics has to be rectified prior to proceed further.

COMPLETION OF FORM

1. In case of more than one marriage, details of all waive and children is required.
2. All attached documents must be readable.
3. No overwriting/cutting/erasing is acceptable.
4. Incomplete forms will not be accepted.
5. No entry is to be left blank.
6. All columns must be filled in BLOCK LETTERS

DOCUMENTS TO BE ATTACHED

1. Pay Order/Bank Draft for Membership fee Rs. _____ payable to **Pakistan Defence Officers Housing Authority DHA CITY, Karachi.**
2. Two latest passport size photographs of the applicant duly attested (one on front & one on back).
3. Two colour copies of the National Identity Card and DHA Service Card duly attested (For serving DHA officer only / Govt employee)
4. Copy of NADRA verification Form
5. Affidavit on Rs. 200/- non judicial stamp paper duly attested by oath commissioner be attached as per bye laws (**Specimen Enclosed**).
6. Retired DHA Employee is required to attach Retirement order.
7. An amount of Rs. 2000/- per membership will be paid as NADRA verification charges.
8. For fresh membership at Sub Office Rawalpindi/ Islamabad & Sub Office Lahore, please add Rs.5000/- as service charges.

AFFIDAVIT SPECIMEN

I, Mr/Mrs/ Mst /Miss:_____ Son/Wife/widow /
Daughter of _____ Religion _____, adult,
resident of _____

do hereby solemnly affirm that :-

- a. The particulars/information given in the attached membership form are correct to the best of my knowledge and belief.
- b. I have read and abide by all the existing rules and Regulations laid down by the Defence Housing Authority City Karachi (DHAC) including any changes that are incorporated in such Rules/Bye-laws and Regulations from time to time.
- c. I under understand that this membership is only for staff plot and that I will have to obtain separate registration prior to any sale / purchase / transfer of any other property.
- d. The required membership fee is paid herewith and I agree that I will not claim its refund in any case.

D E P O N E N T

Name:_____

CNIC:_____