

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 "DS" FOR DHA,GB & EB STAFF

READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING

PHOTO
 (Please Paste)

 (Passport Size
 Attested on Front)

OFFICE USE ONLY	
Membership No.	_____
Date	_____

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"/>
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"/>
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

DHA CITY

FOR DHA EMPLOYEES

Name : _____ Staff No. _____
Date of Employment _____ Designation _____
Department _____

**Counter Signature
Head of Department**

FOR MEMBERS OF GOVERNING BODY / EXECUTIVE BOARD

1. Name _____
2. Designation _____
3. Date of appointment _____

Date _____

FOR ALLOTTEES OF DHA CELL (GHQ)

1. Rank _____
2. Name _____
3. Designation _____
3. Date of appointment _____

Date _____

Dir DHA Cell GHQ

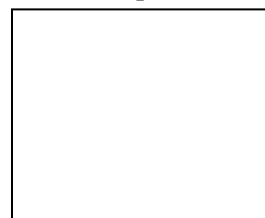
BANK DRAFT/PAY ORDER

Pay Order/Bank draft No. _____ amounting to Rs . _____
dated _____ drawn on _____
on account of membership fee is attached.

TO BE SIGNED BEFORE DHA DESIGNATED OFFICER

Signature _____
Signature _____
Signature _____

Thumb Impression



Male (Left) Female (Right)

CERTIFICATE

I certify that: -

1. The above particulars are correct.
2. I am prepared to accept Membership in Category 'DS' of the (DHA City) Pakistan 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 'DS' Membership

General

1. Applicant is required 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.
2. Non-Muslims are exempted from Mosque fund.
3. The membership card issued with registration, is renewable after 3 years on deposit of renewal fee.
4. Same day process of Membership will be conduct on depositing URGENT fee.
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 (PDOHA DHA City)**.
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 Emps / Govt employee i.e. GB, EB).
4. Affidavit on Rs. 200/- non judicial stamp paper duly attested by oath commissioner be attached as per bye - laws (**Specimen enclosed**).
5. Retired DHA Employee is required to attach Retirement order.
6. Attached Copy of NADRA verification form.
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.5, 000/- as service charges.

Note:

After retirement / terminated/ resigned from DHA Service, "DS" membership will be invalid and has to require to be member in general public category "B" alongwith requisite fee.

AFFIDAVIT SPECIMEN

I, Mr/Mrs/Mst/Miss: _____ Son/Wife/Widow/ _____ Daughter _____ of
Religion _____, adult, resident of _____ do
hereby solemnly affirm that:-

1. The particulars / information given in the attached membership form are correct to the best of my knowledge and belief. I also understand that my membership can be cancelled at any time for providing false information. I also agree to accept my registration for category “DS” membership of the **(DHA CITY)** Pakistan Defence Officers Housing Authority Karachi and agree to abide by the existing Rules / Bye-laws and Regulations of the Authority including the changes incorporated by the Authority from time to time.
2. I have read and duly understand the Regulations of the **(DHA CITY)** Pakistan Defence Officers Housing Authority City Karachi and I agree to abide by them.
3. I will not claim refund of the membership fee in any case except only when my application for registration in category “DS” is rejected by the Executive Board.
4. I fully understand that as a person registered in Category “DS” I shall not be entitled to the privileges of a person registered in Category “A” (AYE).

DEPONENT

Name: _____
CNIC: _____