

DHAC MEMBERSHIP FORM CATEGORY “BS” GOVT OF SINDH

READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING

OFFICE USE ONLY

Membership No. _____

Date _____

SIZE OF PLOT (SQ YDS)

200

300

500

PHOTO

(Please Paste)

(Passport Size
Attested on Front)

PERSONAL PARTICULARS

1. Name : Mr./Mrs. /Miss./Mst. _____
2. Marital Status : ☐ Married ☐ Unmarried ☐ Divorcee ☐ Widower ☐ Widow
3. CNIC No.

					-									
4. NICOP/POC/Passport

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
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

SERVING CERTIFICATE FOR SINDH GOVT OFFICERS
(BY MEMBER)

I certify that:

- 1. I am prepared to accept Membership in Category BS (Sindh Govt Officers) of Defence Housing Authority City Karachi (DHAC), and to subscribe to its fee.
- 2. I hereby confirm that I fully understand that I will be governed for allotment of plot in accordance with GHQ Policy issued on subject vide GHQ AG’s Branch (W&R Dte) DHAs Cell letter No. 05/5028DHAs Cell dated 03 Aug 2005 as amended from time to time.
- 3. I will abide by all 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.
- 4. Above mentioned particulars have been checked and found correct to the best of my knowledge.

Signature: _____

Number: _____

Name: _____

Appt: _____

Date: _____

Grade/BPS: _____

COUNTER SIGNED BY HOD/SENIOR OFFICER INCHARGE

- 1. It is certified that the above particulars of Service Number _____ Mr/Mrs/Miss/Mst _____ have been checked and found correct to the best of my knowledge.
- 2. He/She is an employee in Department of _____, Government of Pakistan in BPS _____ and presently serving in this organization since _____.

Signature: _____

Number: _____

Name: _____

Appt: _____

Official Seal: _____

Date: _____

Grade/BPS: _____

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

NSTRUCTIONS

FOR CATEGORY 'BS' MEMBERSHIP

GENERAL

1. All Sindh Government Officers are eligible for membership.
2. Applicant is required to appear personally before the DHA City designated officer for signatures, digital photograph and digital finger printing. Original CNIC and Service Card MUST be in possession while appearing before DHA City Designated Officer
3. All attached documents should be duly attested by Oath Commissioner/Town Nazim/Magistrate Class-I, Gazetted Officer (Garde-17 & above).
4. The membership is renewable after 3 years, and automatically expires on sale of acquired property.
5. Non-Muslims are exempted from Mosque fund.
6. Any observation noted at the time of biometric has to be rectified prior to proceed further.
7. Same day process of Membership will be conducted on depositing **URGENT** fee

COMPLETION OF FORM

1. In case of more than one marriages, details of all wives and children are 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 Defence Housing Authority, Karachi (**in favour of PDOHA 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 CNIC duly attested.
4. Copy of NADRA Verification Form
5. Affidavit on Rs.200/- Non Judicial stamp paper duly attested by Oath Commissioner (**Specimen enclosed**).
6. An amount of Rs.2000/-per membership will be paid as NADRA verification charges
7. For fresh membership at Sub Office Rawalpindi/Islamabad & Sub Office Lahore, please add Rs. 5,000/- as service charges.

To be typed on Rs. 200/-
Non Judicial Stamp Paper.

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 “BS” membership of the **(DHA CITY)** Defence Housing Authority City 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)** Defence 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 ‘BS’ is rejected by the Executive Board.
4. I fully understand that as a person registered in Category ‘BS’ I shall not be entitled to the privileges of a person registered in Category ‘A’ (AYE).

D E P O N E N T

Name: _____
CNIC: _____