

ADMINISTRATION DEPARTMENT

Medical Teaching Institution, Ayub Teaching Hospital, Abbottabad



No. PS/Admn/ATH/ 26/6-17

Dated: 5/3/21

NOTIFICATION


All employees who are getting housing subsidy allowance are required to submit Exclusive Ownership Certificate (specimen attached) on a stamp paper of Rs. 100 to the concerned clerk in the administration department by 15th March 2021.

Those employees who are on requisition basis shall submit attested copies of map and fard/mutation documents on his/her name along with above mentioned Exclusive Ownership Certificate duly notarized from the Notary Public.

Hospital Director
Ayub Teaching Hospital, Abbottabad

Copy to:

1. Finance Director AMTI Abbottabad
2. Head of Information Management Department ATH. Please upload on official website/face book of the this institution.
3. Manager Internal Audit AMTI Abbottabad
4. PS to Dean/CEO, Ayub Medical College Abbottabad
5. PS to Hospital Director ATH
6. PS to Medical Director ATH
7. All Notice Boards


Head of Administration Deptt.
Ayub Teaching Hospital,
Abbottabad

"EXCLUSIVE OWNERSHIP CERTIFICATE"

I Mr. /Mrs. _____ certify on oath the following terms regarding my housing subsidy ownership.

- a) That my house is situated at H# _____ Street# _____ Town _____ District _____.
- b) That I am the exclusive owner of the above mentioned house and that it is not co-owned with others.
- c) That my house is situated within the limits of the Municipal Area/Cantonment/TMA of District Abbottabad.
- d) That I am personally residing in the house and that none of portion of the house is rented out. I further affirm that during the payment of the housing subsidy I will not rented out any portion of my house.
- e) I affirm that the ownership documents i.e. Fard/Intiqal/Registry, which I submitted are on my name and is the true copies of the documents, I submitted to the government department i.e. Cantonment Board, TMA etc. At any stage if it is proved that my documents are wrong and not genuine, then I will be held responsible and will reimburse the whole of amount of the housing subsidy allowance which I have taken from the government.
- f) That in case of sale, transfer or any changes to the ownership documents or residential status of the house, I will inform the administration department accordingly.
- g) I certify that I am not residing in the College/Hospital hostel.
- h) I certify that no one including my spouse is taking any housing subsidy on the house mentioned above or any other house from any government or non government organizations.
- i) I authorize the department or any other person authorized by the department to verify my ownership documents at any stage, if needed.

Signature _____

Name _____

CNIC # _____