**Dual Employment Disclosure Form (Annexure-B)**

**1. Personal & DUHS Employment Details**

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| **1. Name of Employee:** | **4. Department / Institute:** |
| **2. Designation:** | **5. Date of Joining:** |
| **3. Employee ID:** | **6. CNIC Number:** |
| **7. Nature of Employment:**  ☐ Regular   ☐ Contract | |

**2. Secondary Government Employment Details**

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| **1. Name of Second Department/Ministry/Organization:** | **2. BPS / Pay Scale: \_\_\_\_\_\_\_\_**  If non-BPS, indicate equivalent pay \_\_\_\_\_\_\_\_ |
| **3. Designation / Title:** | **4. Nature of Role:** ( ) Paid ( ) Honorary  If **Paid**, **Monthly Pay (PKR):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5. Employment Start Date:** [DD / MM / YYYY] | **6. Employment End Date (if fixed/contract):** [DD / MM / YYYY or “Ongoing”] |
| **7. No-Objection Certificate (NOC) Status:**   * Have you obtained a valid NOC from DUHS to hold this secondary government appointment?   ( ) Yes ( ) No  If **Yes**, attach a copy of DUHS NOC:  ( ) Attached ( ) Not Attached   * Have you obtained a valid NOC from the parent Department/Ministry of your second appointment?   ( ) Yes ( ) No  If Yes, attach a copy of parent Department NOC:  ( ) Attached ( ) Not Attached | **8. Working Hours & Potential Conflict:**   * Shift hours / Timings of secondary government employment: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] * Do your secondary duties conflict with your assigned DUHS working hours? ( ) Yes ( ) No * If **Yes**, provide details of overlap: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |

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**Employee’s Declaration:**

I, [\_\_\_\_\_\_\_\_\_\_\_\_\_], hereby solemnly declare that all information provided above is true and correct to the best of my knowledge. I understand that:

1. Holding any additional government appointment—paid or honorary—without prior approval of the Competent Authority of DUHS, and without a valid NOC from the parent Ministry/Department, is a direct violation of **Section 03 of Conduct Statutes, DUHS 2007**.
2. Failure to submit accurate details or to obtain the required NOC(s) will subject me to disciplinary action under **Efficiency & Discipline Statutes, DUHS 2007**, up to and including termination of my DUHS employment.
3. I will immediately inform the Human Resource Department if my secondary employment status changes or when any new NOC is granted.

**Employee’s Full Name & Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For H.R.D. Use Only:**  **Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Reviewed / Verified by:**  (Name & Designation)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature with Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Conclusion:** ( ) NOC Valid; No Conflict ( ) NOC Not Valid; Needs Clarification ( ) Dual Employment Prohibited;  Instruct Cessation  **Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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