Appendix-I

Whistle Blower Form – For Employees

(All Information will be Kept Confidential)

Basis Information:

1- Name _____

2- Mobile #_____

3- Landline#_____

4- Email_____

Nature of Issue:(please tick)

1- Forgery _____
2- Misappropriation of funds _____
3- Concealment_____
4- Unethical Activity_____
4) Fake Expenses_____
5) Misconduct_____
6) Bribery_____
7) Misuse of POICL Assets_____
8) Harassment_____
9) Other_____
10) Funds Embezzlement_____
11) Other_____

Location of Incident (e.g specific location and department) _____

How long has this incident been taking place or particular date of incident? _____

How Many times the incident took place? _____

Nature of issue (Please tick)

Financial_____

Operational_____

Describe nature of your concern with sufficient information as an independent person may understand the issue:

_____

_____

_____

Detail of evidence (if any) _____

Declaration: I hereby solemnly declare that the information provided above is true to the best of my knowledge and belief and I have no other motives in highlighting the issue in the best interest of POICL. I further declare that I have read and uderstood whistle blowing program and i will abide by program contents.

Date: _____

_____

Signature of Whistle blower