VERIFICATION OF PARTICULAR

Photograph

1. Name _____
2. Father's Name _____
3. Designation _____
4. G.P.Fund Account No. _____
5. CNIC No. _____
6. Place of Posting _____
7. Date of Birth _____
8. Date of appointment _____
9. Name of Bank with Account No. _____

   _____
10. Permanent Address _____

    _____
11. Personal No. _____
12. Cost Center No._____

Certified that the particular of the claimant given above are correct as per office record and his / her specimen signature are also verified / attested below being stoma claimed for G.P. Fund advance.

Signature

Signature and Stamp
Head of Office / Department

1. _____
2. _____
3. _____

ATTESTED

Signature and Stamp
Head of Office / Department

APPLICATION FOR THE GRANT OF AN ADVANCE OUT OF G. P. FUND

1. Name _____
2. S/O , D/O , W/O. _____
3. Designation _____
4. Present Address _____
5. CNIC No. _____ Personal No. _____
6. G. P. Fund Account No. _____
7. Total amount at the credit of the subscriber in the fund _____
8. Date on which he / she commenced his / her contribution towards Provedent Fund _____

   _____

9. Detail of previous advance.
   (a) Amount of the Advance _____
   (b) Month in which drawn _____
   (c) Month in which finally re-paid_____
   (d) Whether interest occurred on
   the advance was re-paid_____
10. Particulars of advance under re-payment at present. (a) Amount of advance _____
    (b) Month in which drawn _____
    (c) Number of Current installments_____
11. Whether 12 Months have elapsed since the
    Complete re-payment of the previous advance? _____
12. Amount of advance applied for _____
13. Ground on which the advance is applied for _____

NOTE: In case the advance is applied for the propose of Construction/ Purchase/ to-make additions or alteration in an existing house owned by the applicant, documentary proof showing his / her clear title to land upon which the house is to be built/ repaired may be produced.

14. Present pay of the applicant. _____
15. Number of Installment in which the
    Applicant intends to re-pay the amount. _____
16. Date of superannuation at the age of 60 years. _____

Date _____ Signature of the applicant

Recommendation of the forwarding authority

Signature and Stamp
Head of the Office / Department