FORM: PAY06

PERMANENT GP FUND ADVANCE FORM

OFFICE OF THE _____

FOR THE MONTH OF _____ **/20** _____

DDO CODE: (Cost Center) | | | | | | |

DESCRIPTION: _____

PERSONNEL NO. | | | | | | | | |

EMPLOYEE NAME _____

CNIC: | | | | | | -- | | | | | | | | -- | |

BPS: | | |

DESIGNATION: _____

PERIOD OF SERVICE: _____

OLD GP FUND ACCOUNT NO. _____

PERMANENT LOAN DETAILS:

DATE OF PERMANENT LOAN: | | | // | | | // | | | | |

TOTAL AMOUNT: _____

NON-REFUNDABLE PERCENTAGE OF GP FUND BALANCE:

- ☐ **80%**
- ☐ **100%**
- ☐ **Other**

DATE OF BIRTH: | | | // | | | // | | | | |

DATE OF APPOINTMENT: | | | // | | | // | | | | |

Employee Specimen Signature

1 _____

2 _____

3 _____

_____ Prepared By

_____ Audited/Checked By

_____ Entered/Verified By