

OFFICE OF THE DISTRICT POLICE OFFICER, SWAT.

SANCTION OF GP FUND ADVANCE.

Under rule _____ of the Khyber Pakhtunkhwa GP fund vide Govt: of Khyber Pakhtunkhwa finance Department Notification No SOS: 2/2007 Vol-dated 13.01.2009 and in exercise of the powers vested in me 12(2) of the notification as being officer is category II, sanction is hereby acceded grant of GP fund advance on refundable/ Non refundable Basis.

Rs: _____ Rupees _____

In respect of _____

Under A/c No.IV POL: _____/- CSS for the year 20

Note: - The outstanding amount of the previous draw it any may be lamp sup from the sanction.

It is certified that :-

1. The amount of advance does not exceed 80% of the total accumulation.
2. The amount will be recovered in _____ equal installment Rs: _____/-
3. Basic pay the official concerned in Rs. _____
4. Date of Birth of the official concerned is _____

District Police Officer, Swat.

Endst No _____/GP Fund Adv:/B&AO=SW Dated Gulkada the _____/_____/20

Copy Forwarded to the:-

1. The District Comptroller of Accounts Officer Swat at Saidu Sharif.
2. _____

District Police Officer, Swat.

TEMPRORY LOANS/ ADVANCE FORM (NEW & AMENDMENT)

OFFICE OF THE DISTRICT POLICE OFFICER SWAT

FOR THE MONTH _____ 20

GENERAL INFORMATION

DDO CODE (Cost Center)	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>									Description GP Fund Advance		
Personal Number	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>									Name _____ Grade <table border="1" style="width:20px; height: 20px;"><tr><td style="width:10px;"></td><td style="width:10px;"></td></tr></table>		
National ID Card Number	Designation Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>									Description _____	
Scale	<table border="1" style="width:40px; height: 20px;"> <tr> <td style="width:20px;"></td> <td style="width:20px;"></td> </tr> </table>			Period of Service _____	Old GP Fund Account No _____							

TEMPORARY LOAN DETAILS

Loan Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:33.3%;"></td> <td style="width:33.3%;"></td> <td style="width:33.3%;"></td> </tr> </table>				Description _____	Approval Date of Loan ____/____/20____
Loan Condition	<input type="radio"/> With Interest <input type="radio"/> Without Interest	Loan Interest _____%	Refundable Percentage of GP Fund Balance <input type="radio"/> 50% <input type="radio"/> 80%			
Principal	Amount of loan _____	Date of First Deduction ____/____/____	Rate of Recovery _____			
		Date of First Deduction ____/____/____	Rate of Recovery _____			
	Outstanding Balance of Interest ____/____/____					
Interest Loan Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:33.3%;"></td> <td style="width:33.3%;"></td> <td style="width:33.3%;"></td> </tr> </table>				Description _____	
	Amount of Interest _____	Date of First Deduction ____/____/____	Rate of Recovery _____			
		Date of First Deduction ____/____/____	Rate of Recovery _____			
	Outstanding Balance of Interest ____/____/____					

Employee Specimen Signature.

Prepared By _____

Audited/ Checked _____

Entered/ Verified By _____

1:- _____

2:- _____

3:- _____

APPLICATION FOR THE GRANT OF GENERAL PROVIDENT FUND ADVANCE.

Sir,

I beg to apply for the sanction of the grant of an advance from the general Provident fund as stated below.

Personal No _____

NIC No _____

1.	Name of the Applicant:-	
2.	Designation:-	
3.	Attached Department to:-	
4.	Basic Pay:-	
5.	GP Fund Account No:-	
6.	Amount of advance required:-	
7.	Number of installments in which advance is to be paid:-	
8.	Purpose for which the advance is required:-	
9.	Rule under which the advance is required:-	
10.	Whether 12 months have elapsed since the complete repayment of the last advance, if any?	
11.	If 12 months have not elapsed, glbe strong reasons for the purpose of rule of GO fund:-	
12.	Date of final payment of provident Fund advance, together with interest accrued thereon:-	
13.	Total amount at Credit of the applicant to the General provident Fund:-	
14.	Whether the pecuniary circumstances of the applicant are such that indulgence is absolutely necessary:-	

(Signature of the Applicant)

1) _____

2) _____

3) _____

Recommendations of the immediate officer:-

GENERAL PROVIDENT FUND CLIAM VERIFICATION PROFARMA (GCVP)

Cost Centre _____ Discription _____

Personal No _____ Name _____

G.P Fund _____

Bank Code _____ Bank Name _____

Branch Code _____ Branch Name _____

Bank Account Number _____

Serial Number of Payment Control Register _____

Verified by Junior Auditor _____

Signature of Subscriber _____ Signature of DDO _____