BILL FOR THE DRAWING OF G.P FUND OF THE:  HEAD OF ACCOUNT G 0 6 1 0 3 - G P FUND PROVINCIAL  Name of the Subscriber Pay No & Dated of GP Fund Amount Per Month Sanction A/C No Withdra	
G 0 6 1 0 3 - G P FUND PROVINCIAL  Name of the Subscriber Pay No & Dated of GP Fund Amount	
	L
	it Advance <u>awn</u>
Net Amount required for payment Rs	
Amount in words:- (Rupees:	
District Police Of	fficer, Swat
Pay No/	
Examined Entertained.	
Station.	
Treasury Accountant, Treasury Officer/	DAO Swat
CFICATESERTS.	
1) Received Contents	
2) Certified that the balance at the credit for the subscriber GP fund Acc	ount on
the date of withdrawn covers the sum with drawn in the bill.	
3) NIC No of subscriber.	
4) Computer Personal No of subscriber	
5) Cost Center	
S W 4 0 4 2	
6) Vender No	
3 0 0 4 5 0 5 1	

## 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 v	vested in me 12(2) of the notification as being officer is category II, sanction is hereby
acceded gran	t of GP fund advance on refundable/ Non refundable Basis.
Rs:	Rupees
In respect of	
Under A/c No	o.IV POL:
sanction.	Note: - The outstanding amount of the previous draw it any may be lamp sup from the
	It is certified that : -
	1. The amount of advance does not exceed 80% of the total accumulation.
	2. The amount will be recovered inequal 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	
	Copy Forwarded to the:-
	1. The District Comptroller of Accounts Officer Swat at Saidu Sharif.
	2

								PAGE	NO	
TEMPROF	RY LOANS/ A	DVANCE	FORM (NEV	V & AN	1ENDM	ENT)				
OFFICE O	F THE DISTR	ICT POLIC	CE OFFICER S	WAT						
FOR THE I	MONTH		20							
GENERAL	INFORMATI	ON								
DDO CODI (Cost Cent				Des	scription	GP	Fund Ac	lvance		
Personal Number				Name Grade					2	
National Card Nu			Designation Code					Descri	ption	
Scale	Scale Period of Old GP Fund Service Account No									
TEMPORA	ARY LOAN D	ETAILS								
Loan Code		Descr	ription					/al Date		/20
Loan Condition	_	O With Interest Loan Refundable 50% O Without Interest Interest % Percentage of GP Fund Balance					_			
Principal		ount Date of Rate of oanFirst Deduction/Recovery								
Date of Rate of First Deduction/Recovery										
Outstanding Balance of Interest//										
Interest Loan Code			Description							
_	Amount of Interes	st	Date of First Dedu	ction _	/	/	Rate Reco			
			Date of First Dedu	uction _	/	/	Rate Reco			
			Outstand Balance o	_	st	/_				
								Emplo Signat		ecimen
Prepared B	<b>y</b>	Audited/	Checked	Entere	d/ Verifi	ed By		1:		
								2:		

FORM PAY 05

Date.\_\_\_\_\_

3:-\_\_\_\_

## APPLICATION FOR THE GRANT OF GENERAL PROVIDENT FUND ADVANCE.

	Sir,	
	I beg to apply for the sanction of the grant of an advan	ce from the general Provident fund as
	stated below.	
		Personal No
		NIC No
1	Name of the Applicants	1
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	
11.	repayment of the last advance, if any?  If 12 months have not elapsed, glbe strong reasons for	
11.	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	
14.	are such that indulgence is absolutely necessary:-	
	/Signat	ure of the Applicant)
	(Signat	are of the Applicant,
		1)
		-,
		2)
		3)

Recommendations of the immediate officer:-

## **GENARAL 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 Regi	ster
Verified by Junior Auditor	
Signature of Subscriber	Signature of DDO