FORM: PAY01

Employee Master File Creation Form

(Applicable for both Payroll and GP Fund)

Employee ID (To be assigned by office)

01 OFFICE OF THE _____

02 FOR THE MONTH OF _____ / 2004

03 DDO Code (Cost Center) Description 04

PERSONNEL ACTIONS - INFO TYPE 00

05 Date of Entry (DD/MM/YYYY)

06 Current Govt

07 Employee Group

08 Employee Grade (Sub group)

09 Employee NIC Number

10 DOB (DD/MM/YYYY)

11 Date of Entry into Govt Service (DD/MM/YYYY)

12 Reason for Action

PERSONAL DATA - INFO TYPE 0002

13 Title
O Mr O Miss O Ms O Mrs

14 Last Name

15 First Name

16 Father/Husband Name

17 District of Domicile

18 Martial Status

19 City of Birth

20 Date of Marriage/Since (if applicable) DD/MM/YYYY

21 Province of Domicile

22 No. of Dependents

23 Nationality

24 Religion

ORGANISATIONAL ASSIGNMENT - INFO TYPE 0001

25 DDO Code (Cost Centre)

26 DDO Code (Fund Centre)

27 District (Sub Area)

28 Contract Government
O AJK Government O Baluchistan Government
O Federal Government O NWFP Government
O Punjab Government O Sindh Government

29 Position
O Gazetted O Non Gazetted

30 Designation

31 Ministry (Orgasnisational Unit)

32 Fund Section

33 Payroll Section

34 Buckle No (if any)

PRESENT ADDRESS - INFO TYPE 0006

35 C/O

36 House No / Street

37 Postal Code

38 City

39 District

40 Province / Region

41 Contact No

42 Company Housing
O Yes O No

PERMANENT ADDRESS - INFO TYPE 0006

Permanent Address

● Permanent address is same as above

• Permanent address is different from present

43 C/O

44 House No / Street

45 Postal Code

46 City

47 District

48 Province

49 Contact No

50 Company Housing
O Yes O No

BASIC PAY - INFO TYPE 0008

51 Pay Scale Type

52 BPS Year (Pay Scale Area)

53 Grade (Pay Scale Group)

54 Pay Scale Level

55 Pays

Wage Type	Description	Amount

Wage Type	Description	Amount

56 LEAVES - INFO TYPE 2001

Code	Description	Balance

Code	Description	Balance

BANK DETAIL - INFO TYPE 0009

57 Bank Branch (Bank Key)

58 Postal Code

59 City

60 Bank Account No

61 Payment Method

GP FUND SUBSCRIPTION - INFO TYPE 0057

62 Wage Type

63 GPF Subscription

GP FUND - INFO TYPE 9202

64 Interest Applied
O Yes O No

65 GPF Balance

66 GPF Bal Date (DD/MM/YYYY)

67 Old GP Fund Account Number _____

CREATE DATA SPECIFICATION - INFO TYPE

68 Date Appointed as Gazetted Officer (DD/MM/YYYY)

69 Suspension Date

70 Expiry of Adhoc/Contract Date

INTERNAL DATA - INFO TYPE 0032

71 Previous Personnel Number (If any)

72 National Tax Number (NTN)

73 Leave Without Pay

74 Cash Center _____

75. FAMILY INFORMATION - INFO TYPE 0021

SNo	Relation	Last name	First Name	Nominee	Gender	DOB	City of Birth	Nationality	%Age of Share	Emp Type	Other Nationality
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

76 RECURRING PAYMENTS (ALLOWANCES) - INFO TYPE 0014

Wage Type	Description	Amount

Wage Type	Description	Amount

77 RECURRING PAYMENTS (DEDUCTIONS) - INFO TYPE 0014

Wage Type	Description	Amount

Wage Type	Description	Amount

PAYROLL STATUS - INFO TYPE 003

78 SALARY STATUS ☐ Start Payment ☐ Stop Payment

Prepared By _____ Audited/Checked By _____ Entered/Verified By _____ Employee Signature _____

FORM : PAY01 - INSTRUCTIONS

General Instructions

A This from is to be used at the time of hiring of a new employee.

B This from can also be used at the time of hiring a GP Fund only employee.

C Dates are to be included in the following format:
DD / MM / YYYY
For example: To input 1 January 2002 use 01/01/2002

D For List of Codes please refer to List of Codes Booklet provided to support these input Forms

E As a general rule where the following is seen.

The boxes imply that there is a code that go into the field.
The description will follow on the line provided.
For Example:

Current Government

N	W	NWFP
CODE		DESCRIPTION

Specific Instructions

1 Add the office name : e.g. AG NWFP
2 Add the month to which this adjustment relates. E.G. October
3 Refer to List # 3 from the Lists of Codes booklet.
4 Enter the Description of the DDO Code.
5 Enter Date when this information is entered into the Computer.
6 Refer to List # 15 from the Lists of Codes booklet
7 Refer to List # 20 from the Lists of Codes booklet
8 Refer to List # 13 from the Lists of Codes booklet
9 Self Explanatory
10 Date of Birth
11 Self Explanatory
12 Reason for Action - Choose 01 for Fresh Appointment, Choose 02 for Transfer in form Non Computer Office
13 Self Explanatory
14 Enter your last name:
e.g. Name is Mr. Javed Saleem Arif
Last Name will be : Saleem Arif
15 Enter your first name:
Using the above example
First Name will be : Javed
16 Full Father of Husband's Name
17 Self Explanatory e.g. Hyderabad
18 Self Explanatory, Options can be Single, Married, Widow, Divorced, Unknown
19 Self Explanatory, e.g. Peshawar
20 If applicable when did an employee get married.
21 Self Explanatory e.g. Sindh
22 Self Explanatory
23 Self Explanatory e.g. Pakistani
24 Self Explanatory e.g. Islam
25 Refer to List # 3 from the Lists of Codes booklet
26 Refer to List # 3 from the Lists of Codes booklet
27 Enter District (Sub Area) here. E.g. For Abbotabad Add AD
28 Tick the appropriate Contract with a Government.
29 Self Explanatory
30 Refer to List # 5 from the Lists of Codes booklet
31 Refer to List # 9 from the Lists of Codes booklet
32 Refer to List # 8 from the Lists of Codes booklet
33 Refer to List # 8 from the Lists of Codes booklet
34 In case of Police add Buckle Number here.
35 Self Explanatory
36 Self Explanatory
37 Self Explanatory
38 Self Explanatory
39 Self Explanatory
40 Self Explanatory
41 Add Phone Number here
42 Self Explanatory
43 Self Explanatory
44 Self Explanatory
45 Self Explanatory
46 Self Explanatory
47 Self Explanatory
48 Self Explanatory
49 Add Phone Number here
50 Self Explanatory
51 Refer to List # 13 from the Lists of Codes booklet
52 Refer to List # 13 from the Lists of Codes booklet
53 Refer to List # 13 from the Lists of Codes booklet
54 Refer to List # 13 from the Lists of Codes booklet
55 Wage Type : Refer to List # 10 from the Lists of Codes booklet
Add Description using the list and enter the Amount in Rupees
56 Refer to List # 28 from the list enclosed with these instructions.
57 Refer to List # 2 from the Lists of Codes booklet
58 Self Explanatory
59 Self Explanatory
60 Enter Employee Bank Account Number here.
61 Refer to List # 11 from the Lists of Codes booklet
62 Refer to List # 26 from the Lists of Codes booklet. Only enter code in the Range of 3000-34999
63 This is an Amount Column
64 Self Explanatory.
65 This is an Amount Column
66 Date on which this balance exists.
67 Old GP Fund Account Number is a 11 digit GP Fund Number.
68 Self Explanatory
69 Self Explanatory
70 Self Explanatory
71 Self Explanatory
72 Self Explanatory
73 Self Explanatory
74 Self Explanatory
75 Enter Nominee/Family Info there
For Emp Type refer to List # 22 from the Lists of Codes booklet.
76 Wage Type : Refer to List # 25 from the Lists of Codes booklet
Add Description using the list and enter the Amount in Rupees
77 Wage Type : Refer to List # 26 from the Lists of Codes booklet
Add Description using the list and enter the amount in Rupees
78 Self Explanatory.

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ (ایڈورڈ روڈ) لاہور فون نمبر: 042-37359347

CHARGE REPORT FORM FOR GAZETTED OFFICERS

Certified that I, Mr/Miss/Mrs _____

have this day _____ afternoon/forenoon taken over/made over

the charge of the post of _____

with reference to the order of the _____

No. _____ Dated: _____

transferring from _____

to _____

Signature of the Government Officer
(taking over / making over the charge)

OFFICE OF THE _____

Endt. No. _____ Dated: _____

The charge reports of taking over/making over are submitted for information and necessary action to:

(i) The Accountant General Punjab, Lahore/District Accounts Officer _____

_____

(ii) The Secretary, Government of the Punjab, _____
Department Lahore.

(iii) _____

(iv) _____

(v) _____

(vi) _____

Signature with Official Stamp

ملنے کا پتہ: لوئل سٹیشنرز 1-ایڈورڈ روڈ (سید موج دریا) لاہور فون نمبر: 37359347

For officers in
Grade 16 and above

UF - 50

GOVERNMENT OF THE PUNJAB

(Name of the Department/Office) (Name of Service)

PERFORMANCE EVALUATION REPORT

FOR THE PERIOD FROM .....TO .....

NIC No. | | | | | | | | | | | | | | |

PART - I

(To be filled in by the Official Reported upon)

1. Name (in block letters): .....

   Father/Husband Name: .....

2. Date of Birth .....Date of entry in Govt. service: .....
3. Post held during the report period with BS .....
4. Academic qualification(s).....
5. Training received during last five years:

Name of course attended	Dates		Name of institution and country
	From	To	

6. Brief description of main duties:

   .....

   .....

   .....

   .....

   .....

7. Specify the quantitative/physical/financial targets/objectives set by the department and your achievements against each target:

Sr. No.	Objectives/targets fixed	Objectives/targets achieved	Give reasons of failure (if any) to achieve objective/targets

Sr. No.	Objectives/targets fixed	Objectives/targets achieved	Give reasons of failure (if any) to achieve objective/targets

8. During the period under report, do you believe that you have made any exceptional contribution, e.g, successful completion of an extraordinarily challenging task or major systemic improvement resulting in significant benefits to the public and/or reduction in time and cost. If so, please specify:

9. What can be done to make you more effective?

10. Signature of the officer reported upon with date.....

PART - II

(To be filled by the Reporting Officer)

PERFORMANCE ASSESSMENT:

1. **Please comment on effectiveness of the officer in performance of main duties as detailed at Sr. No. 6 of Part-I**

2. **Has the officer correctly reflected objectives/targets fixed for him/her at Sr. No. 7 of Part-I? If not please specify.**

3. **Has the officer achieved objectives/targets as claimed at Sr. No. 7 of Part-I? If not, please specify.**

4. **Do you agree with the reasons for failure in achieving the objectives/targets reflected at Sr. No. 7 of Part-I? If not, please specify.**

5. **Do you agree with the claim of exceptional contribution of the officer at Sr. No. 8 of Part-I? If not, please specify.**

PART - III

(To be filled by the Reporting Officer)

The rating in part-III should be recorded by initialing the appropriate box. The ratings denoted by alphabets are as follows:

"A" Very Good **"B" Satisfactory** **"C" Unsatisfactory**

(For uniform interpretation of qualities listed in these parts, two extreme shades are mentioned against each item).

		A	B	C	
1. Behaviour with public.	Courteous and helpful.				Haughty, unsympathetic and ill-behaved.
2. Financial responsibility.	Exercises due care in financial discipline.				Irresponsible.
3. Acceptance of responsibility.	Always prepared to take on responsibility even in difficult cases.				Reluctant to take on responsibility, will avoid it whenever possible.
4. Knowledge of laws/ rules/procedures/ IT skills.	Has a thought grasp of the knowledge relevant to his job/IT skills.				Dose not know enough about the present job /IT illiterate.
5. Supervision and guidance.	Organizes and uses staff and other resources effectively.				Lacks control, ineffective.
6. Ability to take decision.	Very logical and decisive.				Indecisive, vacillating.

PART - IV

(a) Pen-Picture: **Please comment on strong points, weak point. fitness for promotion. usefulness for further retention in service and analytical ability of the officer. Also indicate whether further training is required for increasing his efficiency. If so, in what areas?**

(b) Counseling: **Was the officer advised to improve his performance during the period under report? If so, on what aspects and with what result?**

PART - V

(To be filled by the Reporting Officer and Countersigning Officer)

*(a) Overall Grading

	By Reporting Officer	By Countersigning Officer
(I) Very Good		
(ii) Satisfactory		
(iii) Unsatisfactory		

(b) Integrity

	By Reporting Officer	By Countersigning Officer
(I) Honest		
(II) Corrupt		
(III) Reported to be corrupt		

Name of the Reporting Officer..... Signature .....
(Capital Letters)

Designation ..... Date .....

* Where the reporting and Countersigning Officer want to grade the officer as "Outstanding", they may draw with their own hand another box in Part-V(a) of the PER forms, initial it and write "Outstanding" on the descriptive side. They are also required to fully justify this assessment. Unless so justified, their assessment would be deemed to be "Very Good")

PART - VI

a) **REMARKS OF COUNTERSIGNING OFFICER:**

Please report on the aspects not touched upon by the Reporting Officer. If you disagree with the assessment of the Reporting Officer, please give reasons thereof. You should also indicate how frequently you have seen work of the officer reported upon.

Name ..... **Signature** .....
(Capital Letters)

Designation ..... **Date** .....

b) **REMARKS OF THE SECOND COUNTERSIGNING OFFICER (IF ANY):**

Name ..... **Signature** .....
(Capital Letters)

Designation ..... **Date** .....

INSTRUCTIONS FOR FILLING UP THE PERFORMANCE EVALUATION REPORT FORMS

1. Evaluation through Performance Evaluation Reports (PERs) should be used as a tool for human resource development. Reporting Officers should realize that the objective is to develop an officer so that he/she realizes his/her true potential. It is not meant to be a fault finding process but a developmental one. The Reporting Officer and the Reviewing Office should not shy away from reporting shortcomings in performance, attitudes or overall personality of the officer reported upon.

2. Performance Evaluation Report is the most important record for the assessment of an officer. At the same time the quality of PER is a measure of the competence of the Reporting Officer and Countersigning Officer. It is, therefore, essential that utmost care is exercised by all Reporting and Countersigning Officers.

3. The Reporting and Countersigning Officers should be —

(a) as objective as possible;
(b) clear and direct, not ambiguous or evasive in their remarks;
(c) vague impressions based on inadequate knowledge or isolated incidents should be avoided; and
(d) overrating should be eschewed by all the Reporting Officers and Countersigning Officers.

4. The forms are to be filled in duplicate. Part-I will be filled by the officer being reported upon and should be type written. Parts-II to IV will be filled by the Reporting Officer. Part-V will be filled by both the Reporting Officer and Countersigning Officer. Part-VI by the Countersigning Officers.

5. Assessment in the PER should be confined to the work done by the officer reported upon during the period covered by the report.

6. Reporting Officer is expected to counsel the officer being reported upon about his weak points and advise him how to improve. Adverse remarks should normally be recorded when the officer fails to improve despite counseling.

7. The ratings/grading in Part-III & V should be recorded by initialing the appropriate box.

8. The objectives/targets may be fixed by all the departments for their employees keeping in view the functions assigned to the departments. The Regulations Wing, S&GAD has an advisory role and it always endeavours to tender advice as early as possible and assist the Administrative Departments to take decisions relating to service matters. The objectives/targets fixed by the Regulations Wing, S&GAD for Section Officer (Regulations-III), S&GAD, Deputy Secretary (Regulations), S&GAD and Additional Secretary (Regulations), S&GAD are detailed below as an example:

(i) Targets fixed for Section Officer Regulations-III, S&GAD

Sr. No.	Nature of cases	Time limit
1.	**Processing of references pertaining to interpretation of Punjab Civil Servant Act, 1974 and Punjab Civil Servants (Appointment Conditions of Service) Rules, 1974**	
	(i) Processing and submission of cases to the higher authorities.	7 days
	(ii) Attending to the queries.	3 days
	(iii) Issuance of advice.	2 days
2.	**Framing and Amendment of Service Rules**	
	(i) Processing of proposals.	7 days
	(ii) Collection of information from the Administrative Department for completion of proposal.	15 days
	(iii) Submission of agenda.	1 day
	(iv) Arranging meeting of SRC.	7 days
	(v) Issuance of minutes after meeting of the SRC.	3 days
	(vi) Vetting of draft rules in consultation with Law Department.	10 days
	(vii) Initiation of summary after receipt of vetted draft.	2 days
	(viii) Issuance of notification after approval of the Chief Minister.	2 days
3.	**Handling of Court Cases**	
	(i) Preparation of para-wise comments and submission to the higher authorities. (Time limit stipulated by the Courts for submission of report and para-wise comments must be kept in view. The time limit fixed by the Court should be obeyed invariably).	7 days
	(ii) Vetting of the comments by the concerned Law Officer and submission in the court.	4 days
4.	**Assembly Questions**	
	(i) Processing of Assembly questions and submission for approval.	4 days
	(ii) Reply to the concerned authorities.	2 days
5.	**Special Tasks.**	To be fixed by the secretary
6.	**Routine Cases.**	To be fixed in the Manual of Secretariat instructions
7.	**Submission of monthly arrears statement** (as per Manual of Secretariat Instructions).	On the 10th of every month

(ii) Targets fixed for Deputy Secretary (Regulations), S&GAD

Sr. No.	Nature of cases	Time limit
1.	**Disposal of cases involving interpretation of rules and regulations.**	2 days
2.	**Disposal of Court Cases** (Time limit stipulated by the Courts for submission of reports and para-wise comments must be kept in view. The time limit fixed by the Court should be obeyed invariably).	Same day
3.	**Examination of summaries.**	Same day
4.	**Assembly business.**	Same day
5.	**Special Tasks.**	To be fixed by the Secretary
6.	**Routine Cases.**	To be fixed by the Manual of Secretariat Instructions
7.	**Inspect the working of the Sections under his/her charge.**	At least once in every three months
8.	**Surprise visits of the Sections under his/her charge.**	Once in every month

(iii) Targets fixed for Additional Secretary (Regulations), S&GAD

Sr. No.	Nature of cases	Time limit
1.	**Disposal of cases involving interpretation of rules and regulations.**	2 days
2.	**Examination of summaries marked by the Secretary.**	Same day
3.	**Disposal of Court Cases** (Time limit stipulated by the Courts for submission of reports and para-wise comments must be kept in view. The time limit fixed by the Court should be obeyed invariably).	Same day
4.	**Assembly business.**	Same day
5.	**Special Tasks.**	To be fixed by the Secretary
6.	**Routine Cases.**	To be fixed by the Manual of Secretariat Instructions
7.	**Inspect the working of the Sections under his/her charge.**	At least once in every three months
8.	**Pay surprise visits of the Sections under his/her charge.**	Once in every month
9.	**Review of statement of arrears.**	Monthly

The Regulations Wing, S&GAD has fixed targets for disposal of work in the shape of time limits. The other Departments may, however, fix objectives/targets keeping in view their own requirements.

9. The Reporting Officer shall, at the beginning of the year set quantitative/physical/financial targets in consultation with the officer reported upon. In the case of an officer taking up a new assignment during the reporting year, such targets/goals shall be set at the time of assumption of the new assignment.

10. The targets should be clearly known and understood by both the officers concerned.

11. Although performance appraisal is year-end exercise, in order that it serves as a tool for human resource development, the Reporting Officer and the officer reported upon should meet during the course of the year at regular intervals to review the performance and to take necessary corrective steps.

12. It should be the endeavour of each appraiser to present the truest possible picture of the appraisee in regard to his/her performance, conduct, behavior and potential.

13. The Countersigning Officer should weigh the remarks of the Reporting Officer against his personal knowledge of the officer being reported upon, compare him with other officers of the
-same grade working under different Reporting Officers but under the same Countersigning Officer, and then give his overall assessment in Part-VI. In certain categories of cases remarks of a Second Countersigning Officer may also be required to be recorded. The Second Countersigning Officer will record his remarks in Part-VI(b).

14. If the Countersigning Officer differs with the grading in Part-III by the Reporting Officer, he should score it out and give his own grading in red ink. In Part-VI he is required to give his own assessment, in addition to that of the Reporting Officer.

15. The Countersigning Officer should underline, in red ink, remarks which in his opinion are adverse and should be communicated to the officer reported upon.

16. Time schedule for completion of PER writing—

(i) The officer to be reported upon should submit the PER Form after completing Part-I to the Reporting Officer on 1st day of January.

(ii) The Reporting Officer should record his remarks in relevant parts by the end of 1st week of January and send the report to the Countersigning Officer by 8th January.

(iii) The Countersigning Officer should record his remarks by the end of second week of January and pass on the report to the Second Countersigning Officer, if any, by 16th January.

(iv) The final Countersigning Officer should also record his remarks within one week.

(v) Report writing should be completed within the month of January.

17. In the event of non-submission of PER Form by the officer reported upon within the stipulated time, the Initiating Officer may proceed to initiate PER on the basis of information available in the Department.

For all categories of employees in BS-5-15

UF - 45

GOVERNMENT OF THE PUNJAB

_____ DEPARTMENT

PERFORMANCE EVALUATION REPORT

FOR THE PERIOD FROM ..... TO .....

PART - I

(To be filled in by the Official Reported upon)

1. Name (in block letters): .....

   Father/Husband Name: .....
2. Date of Birth .....
3. Domicile .....
4. Post held during the report period with BS .....
5. Academic qualification(s).....
6. Professional/Technical qualification(s) .....
7. Training received during last five years:

Name of course attended	Dates		Name of institution and country
	From	To	

8. Brief description of main duties:

9. What can be done to make you more effective?

10. Signature of the official reported upon with date .....

PART - II

(To be filled in by the Reporting Officer)

The rating in Part-II should be recorded by initialing the appropriate box. The ratings denoted by alphabets are as under:

"A" Very Good, "B" Satisfactory, "C" Unsatisfactory

(For uniform interpretation of qualities listed in these parts, two extreme shades are mentioned against each item).

		A	B	C	
1. Appearance and bearing.	Creates excellent impression.				Clumsy; unimpressive
2. Punctuality.	Very regular.				Habitual latecomer.
3. Acceptance of responsibility.	Always prepared to taken on responsibility even in difficult cases.				Reluctant to take on responsibility; will avoid it whenever possible.
4. Relations with: a) Superiors b) Colleagues c) Subordinates	 Cooperative; well liked and trusted. Works well in a team. Courteous and effective; inspires confidence				 uncooperative; dies not inspire confidence Difficult colleage Brusque and intolerant; does not earn respect.
5. Behaviors with public.	Courteous and helpful.				Haughty; unsympathetic and ill-behaved.
6. Knowledge of work.	Has a thought grasp of the knowledge relevant to his job.				Does not know enough about the present job.
7. work. a) Output b) Quality	 Always up to date; accumulates no arrears. Always produces work of exceptionally high quality.				 Always behind schedule; very slow disposal. Generally produces work of poor quality.

PART - III

(a) **Pen-Picture:** Please comment on strong points, weak point, **fitness for promotion.** usefulness for further retention in service. Also indicate where further training is required for increasing his efficiency. If so, in what areas?

(b) **Counseling:** Was the official advised to improve his performance during the period under report? If so, on what aspects and with what result?

PART - IV

(To be filled in by the Reporting Officer and the Countersigning Officer)

Integrity

	By Reporting Officer	By Countersigning Officer
(I) Honest		
(II) Corrupt		
(III) Reported to be corrupt		

Name of the Reporting Officer..... Signature .....
(Capital Letters)

Designation ..... Date .....

PART - V

a) **REMARKS OF COUNTERSIGNING OFFICER:**

(Remarks are to be confined to the aspects not touched upon by Reporting Officer. Reasons for disagreement with the Reporting Officer must be given).

Name of the Reporting Officer..... Signature .....
(Capital Letters)

Designation ..... Date .....

b) **REMARKS OF THE SECOND COUNTERSIGNING OFFICER (IF ANY):**

Name of the Reporting Officer..... Signature .....
(Capital Letters)

Designation ..... Date .....

INSTRUCTIONS FOR FILLING UP THE PERFORMANCE EVALUATION REPORT FORMS

1. (i) Performance Evaluation Report (PER) is the most important record for the assessment of an official. At the same time the quality of PER is a measure of the competence of the Reporting Officer and Countersigning Officer. It is, therefore, essential that utmost care is exercised by all Reporting and Countersigning Officers.

(ii) The Reporting and Countersigning Officers should be—
- (a) as objective as possible; and
- (b) clear and direct, not ambiguous or evasive in their remarks.

(iii) The over-riding importance of Part-IV should be clearly understood.

(iv) Over-rating should be eschewed by all Reporting/Countersigning Officers.

(v) Vague impressions based on inadequate knowledge or isolated incidents should be avoided.

2. The forms are to be filled in duplicate. Part-I will be filled by the official being reported upon and should be type written.

3. Part-II to III will be filled by the Reporting Officer and Part-IV by both the Reporting Officer and Countersigning Officer. Part-V(a) will be filled by the Countersigning Officer.

4. Assessment in the PER should be confined to the work done by the official reported upon during the period covered by the report.

5. Reporting Officer is expected to counsel the official being reported upon about his weak points and advise him how to improve. Adverse remarks should normally be recorded when the official fails to improve despite counseling.

6. The PER Form should be filled in a neat and tidy manner. Cuttings/erasures should be avoided and must be initialed, wherever made.

7. (i) The rating in Part-II should be recorded by initialing the appropriate box.
(ii) In Part-III(a) Pen-Picture should also include remarks about the reputation of the official. Assessment about fitness for promotion should also be recorded.

8. For uniform interpretation of qualities, etc., listed in Part-II, the two extreme shades are mentioned against each item. For example, a very courteous official will be rated "A" in Part-II (5). A haughty and ill-behaved official will merit a "C" rating.

9. The Countersigning Officer should weigh the remarks of the Reporting Officer against his personal knowledge of the official being reported upon, compare him with other officials of the same grade working under different Reporting Officers but under the same Countersigning Officer, and then give his overall assessment in Part-V. In certain categories of cases remarks of a Second Countersigning Officer may also be required to be recorded. In cases where the work of the official reported upon is supervised also by an officer outside the normal chain of supervisory command in respect of some technical aspects, such officer may send his remarks in respect of such specific aspects to the Second Countersigning Officer by the third week of January through a separate sealed cover.

10. If the Countersigning Officer differs with the grading or remarks given (in parts other than Part-III) by the Reporting Officer, he should score it out and give his own grading in red ink. In Part-V he is required to give his own assessment in addition to that of the Reporting Officer.

11. The Countersigning Officer should underline, in red ink, remarks which in his opinion are adverse and should be communicated to the official reported upon.

12. Time schedule for completion of PER writing—
- (i) The official to be reported upon should submit the PER Form after completing Part-1 to the Reporting Officer on 1st day of January.
- (ii) The Reporting Officer should record his remarks in relevant parts by the end of 1st week of January and pass on the report to the Countersigning Officer by 8th January.
- (iii) The Countersigning Officer should record his remarks by the end of second week of January and pass on the report to the Second Countersigning Officer, if any, by 16th January.
- (iv) The final Countersigning Officer should also record his remarks within one week.
- (v) Report writing should be completed within the month of January.

13. In the event of non-submission of PER Form by the official reported upon within the stipulated time, the Initiating Officer may proceed to initiate PER on the basis of information available in the Department.

شعبہ کا پتہ: ٹوٹل سٹیشنرز 1۔ سیمو موتی دروازہ (ایم روڈ) لاہور فون نمبر: 042-37359347

برائے تمام سرکاری ملازمین
(بنیادی سکیل ۱ تا ۴)

حکومت پنجاب

محکمہ _____

سالانہ کارکردگی رپورٹ برائے مدت: از _____ تا _____

حصہ اول

۱۔ نام اور ولدیت _____

۲۔ تاریخ پیدائش _____

۳۔ بنیادی تنخواہ سکیل _____

۴۔ عہدہ (مدت رپورٹ کے دوران) _____

۵۔ تاریخ آغاز ملازمت _____

۶۔ تاریخ ریٹائرمنٹ _____

۷۔ ازدواجی حیثیت _____

۸۔ دستخط بمعہ تاریخ _____

حصہ دوئم

		بہت اچھا	تسلی بخش	غیر تسلی بخش
۱	پابندی وقت			
۲	نظم وضبط			
۳	احساس ذمہ داری			
۴	عوام کے ساتھ برتاؤ			
۵	کام کی جانچ			
۶	موزونیت برائے ترقی			
۷	مجموعی کارکردگی			

حصہ سوئم

(دیانتداری)

	افسر تحریر کنندہ	افسر تائید کنندہ
دیانتدار		
بدعنوان		

{دستخط افسر تحریر کنندہ} _____

عہدہ _____

مورخہ _____

حصہ چہارم

میں افسر تحریر کنندہ کی رائے سے اتفاق کرتا ہوں [کرتا ہوں] / [نہیں کرتا ہوں]
(اگر افسر تحریر کنندہ کی رائے سے اتفاق نہیں توجہ بیان کریں)

{دستخط افسر تحریر کنندہ} _____

عہدہ _____

مورخہ _____

ملنے کا پتہ: نوبل سٹیشنرز ۹۔ سید مٹھ دربار روڈ لاہور فون: 37359347

APPLICATION FOR LEAVE

G.F.R-13

Note:- i) Item 1 to 8 must be filled in by all applicants.
ii) Item 11 applies only in case of Government servants of BPS-16 and above.

1. Name of applicant .....
2. Leave Rules applicable .....
3. Post Hold. .....
4. Department or Office .....
5. Pay of Officer / Official .....
6. House Rent Allowance-/ Conveyance Allowance or other Compensatory .....
   Allowance in the present post .....
7. a)Nature of leave .....
   b)Period of leave in days .....
   c)Date of commencement.- .....
   d)Purpose of leave .....
8. Particular Rules under which leave is admissible .....
   (a)Date of return from last leave .....
   (b)Nature of leave .....
   (c)Period of leave in days .....

Date ..... Signature of Applicant .....

9. Remarks and recommendation of the controlling officer .....
   .....
   .....
10. Certified that leave applied for is admissible under rule .....
    necessary conditions are fulfilled.

Date ..... Signature .....
Designation .....

11. Report of Audit Officer .....
    .....
    .....
    .....

Signature .....
Date ..... Designation .....

12. Orders of the sanctioning authority certifying that on the expiry of leave the applicant is likely to return to the same post or another past carrying the compensatory allowance being drawn by him.

Signature .....
Date ..... Designation .....

نوبل سٹیشنرز 1۔ (042-37359347

FORM OF LEAVE ACCOUNT UNDER THE REVISED LEAVE RULES 1981

(Approved vide Finance Division's letter No.F.I. (3)-Rev.1/78, dated 18.1.1979)

Leave Account of Mr./Miss/Mrs. _____ Date of Commencement of service _____

Date of attaining age of superanuation _____

Government/Department served under	PERIOD OF DUTY				Leave earned on fully pay @ 4 days for each calendar month	Leave at credit (Column 21 + 6)	LEAVE TAKEN														Remarks	Attestation
							PERIOD		Leave on full pay without medical certificate to maximum of 120 days & 365 days in case of LPR	Leave on full pay on medical certificate subject to a maximum of 180 days	Leave on full pay on medical certificate subject to a maximum of 365 days in entire service	LEAVE ON HALF PAY		Recreation leave of 15 days in a year but 10 days to be debited	LEAVE NOT DUE		ABSENCE		Total L/ ave (Column) (10+11+12+14+15 -17+19)	Balance on return from leave (Cols 7-20)		
												In terms of half pay	In terms of full pay		In terms of half pay	In terms of full pay	Actual No. of days	No. of days debitable double the actual number				
	From	To	Days	F.Y.	Days	Days	From	To	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

ملنے کا پتہ: نوبل سٹیشنرز 1۔ ایڈورڈز روڈ (سید موج دریا) لاہور فون نمبر: 7359347

TRAVELLING ALLOWANCE BILL

Gazetted Government Servants

Provincial

DISTRICT

Name: _____

MONTH OF

Head Quarters

Designation _____

Head of Service Chargeable

Voucher No. of List of payments for 19

Pay _____

Particulars of Journeys and Halts																				
Departure			Arrival			Number of miles travelled and the kind of journey i.e. by rail (mail or passenger) steamer, road or trolley.	RAILWAY / STEAMER journey's			Number of days for which halt/ daily allowance is claimed in addition to Railway fare.	Distance travelled by road or by trolley			Number of days of halt at for which daily allowance is claimed.	Number of days of halt at headquarters.	Actual expense		Purpose of journey or halt	Date of last visit	REMARKS
											For which mileage is admissible		For which halt / daily allowance is admissible in substitution of or in addition to mileage.							
Station	Date	Hour	Station	Date	Hour		Class	No. of Fares	Amount			At other rates				Particulars	Amount			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

Travelling by road includes travelling by sea or river in a steam launch or in ant vessel other than a steamer any travelling by cannal (the particular kind should be specified in the bill) when the Steamer Company has two rates of fare, one inclusive of and one exclusive of diet. The word "far" should be held to mean for exclusive of diet.
Column for the use police officer only.

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سرسید روڈ پشاور شہر 37359347

Railway and Steamer

Fare

Road mileage

miles at (Col. 12)

miles at (Col.13)

Stamp

_____ days for which daily allowance is claimed columns II, 14 and 15 at

Actual expenses (Col. 11) _____ Office

Total Date

Signature of the officer who travelled

Appropriation _____

for _____

Expenditure including this bill _____

Balance _____

Deduct Single/Double P. T .A for days

Rules 2.7 and 2.8 of T .A. (Rules)

Deduct hire due to Govt. Rules 180 of the T .A. Rules

Deduct conveyance allowance already drawn with day.

Other deductions _____

Repees _____ Net claim

Passed for Rupees

Date Controlling Officer

Pay Rupees

Date Treasury Officer

CERTIFICATES

I. Certified that I was/was not provided with means of locomotion at expense of State of Local Fund or of Court or Words Estate or a Federated state of Pakistan for journey by road (Rules 179 of the Travelling Allowance Rules (a) allowed free transit by Railway under a free pass or otherwise (Rules 2.74, 2.173, 2.175 of the T .A Rules) for any part of the journey for which travelling allowance has been charged.

II. Certified that I had/had not been provided with separate conveyance at my own expense for my servants or Luggage for the journey performed.

III. Certified that the journey by road were performed by Motor Cycle which was hired one / by Motor Car which was a private vehicle not being my own property / being my own property / being a Government property.

IV. Certified that I maintained camp equipage during halts at headquarters and that the expense so incurred is not less than the amount drown)

Signature of Officer who travelled

V. if there is a combined appropriation for Travellinh Allowance of Gazetted and Non-Gazetted Government servents the combined appropriation expenditure should be shown in this column.

INSTRUCTION FOR PREPARING TRAVELLING ALLOWANCE BILLS

1. Journeys of different kinds and journeys and halts should not be entered on the same line.

2. Number of miles travelled should be entered in column 7 in all cases of journey by road or by boat. They may not be entered in case of journeys by rail.

3. Permanent travelling conveyance and house allowance should be drawn alongwith the pay of the Government servant and not in the travelling allowance bills.

4. Fraction of a mile in the total of bill for any one journey should not be charged for.

5. When the first item of a travelling allowance bill is halt, the date of commencement of this halt should be stated in the "Remarks" column.

6. A Suitable note should always be made in remarks column against the relevant entires of days for whish daily allowance at enhanced rate (including hill tract) ordinary or special claimed.

7. Hours of journey should be mentioned only:

(a). When for an absence from head quarters of not more that two (consecutive days daily) allowance claimed for two days.

(b). When mileage of actual expenses in lieu thereof are claimed.

(c) When both Rail or Steamer fare and daily allowance are claimed in respect of journy by the Rail or Steamer immediately proceeded or followed by a journey by road or halt.

8. A Certificate of attendance given by the court of authority should ne attached to the bill, if travelling allowance is drawn under rule 2.1 36 of the Travelling allowance Rule (Punjab Financial Hand Book No.2 Volume III).

(Space for pre-adult enforcement in respect of bills submitted for pre-audit).

For use in Accountant-General's Office Head of SERVICE Chargeable.

Admitted for Rs.

Objected to Rs.

When the bills presented at the audit office for per-audit towards "Contents received" (or and equivalent expressed) should not appear on it not should any recipt stamp be affixed there on of a separate acknolwdgements complete in all respects would be required at the time of delivering of the cheque.

Reason of Objection

Senior Accountant

G.O.

PAYROLL SYSTEM
AMENDMENT FORM
SINGLE EMPLOYEE ENTRY

FORM: PAY02

Date [1] _____

Page No. [2] _____

OFFICE OF THE [3] _____ FOR THE MONTH OF [4] _____ / 20

DDO Code [5] (Cost Center) | | | | | | | Description [6] _____

Personnel Number [7] | | | | | | | | | Employee Name [8] _____ National ID [9] Card Number | | | | | | | | | | | | | |

Grade (Pay Scale Group) [10] | | | [11] _____ Salary [12] Status ☐ Start ☐ Stop

Info Type [14]	GENERAL DATA CHANGE [13] Field ID [15]	New Contents [16]	CHANGE IN PAYMENTS / DEDUCTIONS [17] Wage Type [18]	Amount Rupees [19]	Paisa	Adj [20]	Effective Date [21]	Remarks [22]

Prepared By [23] _____ Audited/Checked By [24] _____ [25] Entered / Verified By _____

ملنے کا پتہ: نوبل سلیشنز 1۔ سید موج دریا روڈ (ایڈورڈ روڈ) لاہور فون نمبر: 37359347

FORM : PAY02 - INSTRUCTIONS

General Instructions

A This form is to be used to enter monthly monetary and non-monetary adjustments.

B This form is to be used for adjustment in payroll area only.

C This form is to be used to enter adjustment for single employee only.

D Dates are to be included in the following format:
DD / MM / YYYY
For example: To input 1 January 2002 use 01/01/2002

E For List of Codes please refer to List of Codes Booklet provided to support these Input Forms

F As a general rule where the following is seen:

The boxes imply that there is a code that go into the field. The description will follow on the line provided.
For Example:

Current Government

N	W	NWFP
CODE		DESCRIPTION

Specific Instructions

1 Add the date of submission of this form.
2 Add the page number of this form.
3 Add the office name : e.g. AG NWFP
4 Add the month to which this adjustment relates. E.g. October
5 Write DDO Code
6 Enter the Description of the DDO Code.
7 Add Computer Generated Personnel Number. This is an eight digit code in the new SAP system, while 11 digit in the Legacy system.
8 Add name of the employee.
9 Add National ID Card Number. This is 11 or 13 Digit code (depending upon issuing authority).
10 Self Explanatory.
11 Add Description of Grade E.g. BPS 18
12 In case salary is to be stopped for this employee select "Stop" Where salary payment of an employee whose payment was stopped is to be revived, select "Start".
13 These are Non-Monetary charges, E.g. change of Address.
14 Refer to list # 19 from the lists of codes and select the info type E.g. 009 for change of bank account No
15 Choose the field that requires adjustment. E.g. 60 for change in bank account No.
16 Enter the new contents of change. E.g. Bank account No PLS 2779-5.
17 These are Monetary change. E.g. Change of amount in recurrent Payment/deduction (allowances)
18 Refer to List # 14 and 16 from the lists of Codes.
19 Add Amount in Rupees and Paisa
20 Add "P" if the adjustment is in the form of "Payment". Add "D" if the adjustment is a deduction adjustment.
21 Add date from which this change becomes effective.
22 Add any remarks.
23 Name and Signature of person preparing this form.
24 Name and Signature of certifying officer.
25 Name and Signature of person who has entered and verified this form.

PAYROLL SYSTEM
AMENDMENT FORM
SINGLE EMPLOYEE ENTRY

FORM: PAY02

Date[1] _____

Page No.[2] _____

OFFICE OF THE [3] _____ FOR THE MONTH OF [4] _____ / 20

DDO Code [5] (Cost Center) ☐☐☐☐☐☐ Description [6] _____

Personnel Number [7] ☐☐☐☐☐☐☐☐ Employee Name [8] _____ National ID [9] Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐

Grade (Pay Scale Group) [10] ☐☐ [11] _____ Salary [12] Status ☐ Start ☐ Stop

Info Type [14]	GENERAL DATA CHANGE [13] Field ID [15]	New Contents [16]	CHANGE IN PAYMENTS / DEDUCTIONS [17] Wage Type [18]	Amount Rupees [19]	Paisa	Adj [20]	Effective Date [21]	Remarks [22]

Prepared By [23] _____

Audited/Checked By [24] _____

[25] Entered / Verified By _____

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ (ایبک روڈ) لاہور فون نمبر: 37359347

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PAYROLL SYSTEM
AMENDMENT FORM
SINGLE EMPLOYEE ENTRY

FORM: PAY02

OFFICE OF THE [3] _____ FOR THE MONTH OF [4] _____ / 20

Date [1] _____

Page No. [2] _____

DDO Code [5] (Cost Center) | | | | | | | Description [6] _____

Personnel Number [7] | | | | | | | | | Employee Name [8] _____ National ID [9] Card Number | | | | | | | | | | | | | |

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Info Type [14]	GENERAL DATA CHANGE [13] Field ID [15]	New Contents [16]	CHANGE IN PAYMENTS / DEDUCTIONS [17] Wage Type [18]	Amount Rupees [19]	Paisa	Adj [20]	Effective Date [21]	Remarks [22]

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ملنے کا پتہ: نوبل سیشنز 1۔ سید موج دریا روڈ (ایڈورڈ روڈ) لاہور فون نمبر: 37359347

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FORM: PAY02

PAYROLL SYSTEM
AMENDMENT FORM
SINGLE EMPLOYEE ENTRY

Date[1] _____

Page No.[2] _____

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Grade (Pay Scale Group) [10] ☐☐ [11] _____ Salary [12] Status ☐ Start ☐ Stop

GENERAL DATA CHANGE [13]			CHANGE IN PAYMENTS / DEDUCTIONS [17]				
Info Type [14]	Field ID [15]	New Contents [16]	Wage Type [18]	Amount: Rupees [19]	Amount: Paisa	Amount: Adj [20]	Effective Date [21]	Remarks [22]

Prepared By [23] _____

Audited/Checked By [24] _____

[25] Entered / Verified By _____

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ (ایڈورڈ روڈ) لاہور فون نمبر: 37359347

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24 Name and Signature of certifying officer.
25 Name and Signature of person who has entered and verified this form.

1- Name (نام) _____

2- Nationality and Religion _____
(قومیت اور مذہب)

3- Residence _____
(مستقل رہائش)

4- Father's name and residence _____
(والد کا نام اور پتہ)

5- Date of birth by Christian era as nearly as can be ascertained _____
(تاریخ پیدائش مطابق سن عیسوی)

6- Exact height by measurement _____
(قد و قامت)

7- Personal mark of identification _____
(نشان شناخت)

8. Left hand/right hand thumb and finger-impressions of (Non-gazetted officer)
(مرد کی صورت میں بائیں اور عورت کی صورت میں دائیں ہاتھ کی انگلیوں کے نشانات)

Little Finger
(چھنگلیا)

Ring Finger
(چھنگلیا کے ساتھ کی انگلی)

Middle Finger
(انگشت میانہ)

Fore Finger
(انگشت شہادت)

Thumb
(انگوٹھا)

9. Signature of Govt. Servent
(سرکاری ملازم کے دستخط)

10. Signature and designation of the Head of the Office or other Attesting officer
(تصدیق کنندہ افسر کے دستخط اور مہر)

Note: The enteries in this page should be renewed or re-attested at least every five years and the signatures in lines 9 and 10 should be dated. Finger prints need not be taken after every 5 years under this rule.

اس صفحے کے مندرجہ کم از کم پانچ سال بعد تصدیق ہونا ضروری ہیں اور نمبر 9 اور 10 میں دستخطوں کے نیچے تاریخ لکھنی چاہیے۔
انگلیوں کے نشانات کے لیے ہر پانچ سال کے بعد تصدیق کی ضرورت نہیں

1	2	3	4		5		6	7	8
Name of Post درجہ ملازمت	Whether Substantive or officiating and whether permanent or temporary عارضی مستقل یا قائم مقام	If ufficiating state- (i) substative appointment or (ii) whether service counts for pension under rule 3-20 of C.S.R. (Pb.) Volume II اگر عارضی ہے تو رول کے مطابق پنشن کا مستحق ہے؟	Pay in substantive position تنخواہ بطور عارضی ملازمت		Additional pay for officiating زائد تنخواہ بطور قائم مقام		Other emolum-ents falling under the term pay ماسوائے تنخواہ دیگر الاؤنس	Date of appoint-ment تاریخ تقرری	Signature of Government servant دستخط سرکاری ملازم
			Rs.	Ps.	Rs.	Ps.			

FORM OF LEAVE ACCOUNT UNDER THE REVISED LEAVE RULES 1981

(Approved vide Finance Division's letter No. F.1 (3) - Rev. 1/78 dated 18-1-1979)

Leave Account of Mr./Miss./Mrs. _____ Date of commencement of Service _____

Date of attaining the age of superannuation _____

Government/Department	PERIOD OF DUTY				Leave earned on full pay (4 days for each calendar month	Leave at credit (Column 21+6)	LEAVE TAKEN															Attestation
							PERIOD		Leave on fully pay without medical certificate to maximum of 120 days & 365 days in case of LPR	Leave on full pay medical certificate subject to a maximum of 180 days	Leave on full pay on medical certificate subject of a maximum of 365 days in entire service	LEAVE ON HALF PAY		Recreation leave of 15 days in a year but 10 days to be debited	LEAVE NOT DUE		ABSENCE		Total Leave (Columns) 10 + 11 + 12 + 14 + 15 + 17 + 19)	Balance on return from leave (Col. 7-20)	REMARKS	
												In terms of half pay	In terms of full pay		In terms of half pay	In terms of full pay	Actual No. of days	No. of days debitable (double the actual Number)				
	From	To	Y.M.D.	F. Yr.	Days	Days	From	To	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

RECORD OF POSTINGS

District and post	No. of District Order	Date	District and post	No. of District Order	Date

FORM OF CALCULATION OF _____ YEARS QUALIFYING SERVICE OF A GOVERNMENT SERVANT

PART 1

(For use in the Administrative / Attached Department / Office)

(To be completed by Office/Department in which the Government servant is serving)

1. Name of Government Servant: _____
2. Father's Name: _____
3. *Nationality:* _____
4. Post held: _____
5. Date of birth: _____
6. Date of commencement of service: _____
7. Date of completion of _____ years qualifying service: _____
8. Date of calculation of _____ years qualifying service: _____

(a) Length of service including interruptions, etc. (7-6) _____

(b) Add (i) Military Service-if any (which has been allowed to count as qualifying for pension) _____

(ii) any other addition to qualifying service. _____

(c) Total length of service (a+b) _____

(d) *Deduct* (i) Service rendered below the age of 20 years. _____

(ii) Extraordinary leave. _____

(iii) Suspension not treated as duty or leave. _____

(iv) Periods of break in service. _____

(v) Service rendered before break. _____

(if break not condoned,)

(vi) Service forfeited by registration _____

(vii) Unauthorised absence. _____

Total of (i) to (vii) _____

(e) Net qualifying service (c-d) _____

Head of Office / Department

PART II

(For use in the Accountant General's Office)

1. Calculation contained in Part-I have been checked. _____
2. Length of qualifying service accepted in Audit. _____
3. Reasons for differnce, If any, between this and the length of service worked out by the Department.

_____

_____

Accounts Officer

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ لاہور فون: 7359347

FORM PAY 05

TEMPORARY LOANS / ADVANCES FORM
(NEW & AMENDMENT)

Date 1 _____

Page No 2

OFFICE OF THE 3 _____

FOR THE MONTH OF 4 _____ / 200

GENERAL INFORMATION

DDO Code 5 (Cost Centre) [ ][ ][ ][ ][ ][ ] Description 6 _____

PERSONAL INFORMATION

Personal Number 7 [ ][ ][ ][ ][ ][ ][ ][ ] Name 8 _____ Grade 9 [ ][ ]

National ID Card Number 10 _____ Designation 11 [ ][ ][ ][ ][ ][ ][ ][ ] Description 12 _____

Scale 13 [ ][ ] 14 _____ Period of Service 15 _____ Old GP Fund Account No 16 _____

TEMPORARY LOAN DETAILS

Loan Code 17 [ ][ ][ ][ ] Description 18 _____ Date of Approval of Loan 19 ____/____/____ (DD MM YYYY)

Loan 20 Condition O With Interest O Without Interest

Loan 21 Interest _____ %

Refundable 22 Percentage of GP Fund Balance O 50% O 80%

Amount of Loans 23 _____

Date of 24 First Deduction ____/____/____ (DD MM YYYY)

Rate of 25 Recovery _____

Date of 26 Last Deduction ____/____/____ (DD MM YYYY)

Rate of 27 Recovery _____

Outstanding 28 Balance of Loan _____

Loan Code 29 [ ][ ][ ][ ] 30 _____

Amount of Interest 31 _____

Date of 32 First Deduction ____/____/____ (DD MM YYYY)

Rate of 33 Recovery _____

Date of 34 Last Deduction ____/____/____ (DD MM YYYY)

Rate of 35 Recovery _____

Outstanding 36 Balance of Loan _____

Employee Specimen Signature 40

Prepared by 37 _____ Audited/Checked by 38 _____ Entered/Verified by 39 _____

FORM : PAY05 - INSTRUCTIONS

General Instructions

A This form is to be used to enter monthly monetary and non-monetary adjustments.
B This form is to be used for adjustment in payroll area only.
C This form is to be used to enter adjustment for single employee only.
D Dates are to be included in the following format:
DD / MM / YYYY
For example: To Input 1 January 2002 use 01/01/2002
E For List of Codes please refer to List of Codes provided to support these Input s F As a general rule where the following is seen
The boxes imply that there is a code that go into the field. The Description will follow on the line provided.
For Example:

Current Government

N	W	NWFP

CODE DESCRIPTION

Specific Instructions

1 Add the date of submission of this form.
2 Add the page number of this form.
3 Add the office name : e.g. Ministry of Commerce/Govt. High School No. 2 Peshawar.
4 Add the month to which this adjustment relates. E.g. October
5 Write DDO Code
6 Enter the Description of the DDO Code.
7 Add Computer Generated Personnel Number. This is an eight digit code in the new SAP system, while 11 digit in Legacy system.
8 Add name of employee.
9 Self Explanatory.
10 Add National ID Card Number. This is 11 or 13 Digit code (depending upon issuing authority).
11 Refer to List # 6 from the Lists of codes.
12 Enter the disruption of designation
13 Self explanatory
14 Enter the Description of Scale e.g. BPS-18
15 Add Period of Service in years
16 Add Old GP Fund Account Number if any
17 Refer to List # 15 from the Lists of Codes.
18 Enter the Description loan
19 Add date on which this loan has been approved
20 Is this Loan interest bearing or interest free?
21 Add the percentage of interest applied to this loan
22 Self Explanatory
23 Add total amount of principal loan
24 Add the date when the first deduction of principal loan starts.
25 Add the monthly rate of recovery.
26 Add the date when the deduction of principal loan ends.
27 Add the amount of last deduction.
28 For employees who already a loan this field is not be filled for the purpose of new loan information.
29 Refer to List 15 from the Lists of Codes.
30 Enter the description of interest Loan.
31 Interest is treated as a separate loan. Add the loan amount.
32 Self Explanatory
33 Self Explanatory
34 Self Explanatory
35 Self Explanatory
36 For employees who have already a loan this field is not be filled for the purpose of new loan information
37 Name and Signature of person preparing this form
38 Name and Signature of certifying officer
39 Name and Signature of person who has entered and verified this form
40 Employee Signature

List No. 15

Loan Codes

S. No	S. Type	Name
1	0301	House Building Advance
2	0302	Interest House Building Advance
3	0303	Car Advance
4	0304	Interest Card Advance
5	0305	Motor Cycle Advance
6	0306	Interest Motor Cycle Advance
7	0307	Cycle Advance
8	0368	GPF Temporary Advance
9	0369	Interest GPF Temporary Advance

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

1. Name of Applicant: _____
2. Designation: _____
3. Present address: _____
4. Account No.: _____
5. Total amount at the credit of the subscriber in the fund: _____
6. Date on which he /she commenced his/her contribution towards Provident Fund: _____
7. Detail of previous advance:
   - (a) Amount of the advance .....
   - (b) Month in which drawn .....
   - (c) Month in which finally repaid .....
   - (d) Purpose of advance .....
   - (e) Whether interest accrued on the advance was repaid .....
8. Particulars of advance under re-payment at present.
   - (a) Amount of advance .....
   - (b) Month in which drawn .....
   - (c) Number of current instalments .....
   - (d) Purpose of advance .....
9. Whether 12 months have elapsed since the complete re-payment of the previous advance? _____
10. Amount of advance applied for _____
11. Ground on which the advance is applied for _____

    Note:- In case the advance is applied for the purpose of construction/purchase/to-make additions or alterations in an existing house owned by the applicant, documentary proof showing his/her clear title to land upon which the house is to be build/repaired may be produced.
12. Present pay of the applicant. _____
13. Number of instalments in which the applicant intends to repay the amount. _____
14. Date of birth: _____
15. Date of superannuation at the age of 60 years. _____
16. Whether any of the advance mentioned at S No. 11 above was previously drawn out of Prov. Revenue.

Dated .....

Signature of the Applicant

I certify and attest the details, furnished above from the record available within office and recommend the case

Head of Dept. / Institution

ملنے کا پتہ: نیو پاپولر سٹیشنرز 1۔ سید موج دریا روڈ لاہور فون: 7359347

REVISED G.P.F - 10

APPLICATION FOR THE FINAL PAYMENT OF G.P. FUND

(Revised form advised by the Govt. of the Punjab Finance Department
Letter No. FD-SR-I-23/83., 11th January, 1994)

Memo No._____ Date:_____

To,

The: _____

_____

Mr./Miss/Mrs./ _____

S/O,D/O,W/O, _____ has retired/discharged/

resigned from service/died on _____ You are requested to

please arrange payment of balance amount in his/her G.P. Fund Account No: _____

_____ at pre-audit counter of your office.

The following information/documents are also enclosed:-

1. A certificate from the applicant/D.D.O. stating whether any advance from the Fund was granted to the subscriber during the previous 12-months, and if so, particulars of the advance (Certificate Overleaf)
2. The following information may be supplied only in the case of payment at Treasury/Lahore Pre-audit Counter

(i).Amount and Month of the last Fund deductions. Rs._____ Month Paid in _____

(ii).Name of Audit Office/Treasury at which payment of the Provident money is desired: _____

3. The following information may be supplied only in the case of death of subscriber:

(i).An Attested coy of Death Certificate of Gazette Notification. _____

(ii).If no nomination was furnished by the subscriber, a list of his/her family members(as defined in Rule), who are entitled to participate in the Fund money under Rule _____ of G.P. Fund Rules together with their application in original for the refund is enclosed. In the case of minor the application is from the legal guardian. _____

Your's Obediently,

( )

Forwarded in original to the Accountant General Punjab, Lahore for necessary action.

Signature

Designation/Official Stamp

NOTE: This form may be submitted by an Officer himself or in case of officiel (Grade 1 to 15) by the D.D.O

(Under Para No.1, of Revised G.P.F-10)

NO ADVANCE CERTIFICATE

It is certified that I, _____ have drawn a sum of Rs. _____ Temporary/Non-Refundable Advance out of my G.P. Fund Account No. _____ and computer Personal No. _____ during the previous 12-month of my service, vide Token No. _____ Dated _____

( )

Name & Signature of Subscriber,

_____

Designation _____

_____

COUNTERSIGNED BY THE
DRAWING & DISBURSING OFFICER:

نوبل سٹیشنرز 1۔ سید موج دریا روڈ لاہور۔ فون 37359347

پنجاب گورنمنٹ ملازمین کے بہبود فنڈ سے بیٹی کی شادی پر گرانٹ کے حصول کے لئے ترمیم شدہ درخواست فارم

1- درخواست گزار کا نام (اردو میں) _____ (انگریزی میں) _____

2- درخواست گزار کا شناختی کارڈ نمبر | | | | | | - | | | | | | | | - | |

3- درخواست گزار کے والد/خاوند/بیوی کا نام _____

4- درخواست گزار کے گھر کا مکمل پتہ _____

_____

5- درخواست گزار کا بینک اکاؤنٹ نمبر بینک اور برانچ کا نام _____

6- درخواست گزار کا سرکاری ملازم/ملازمہ سے رشتہ _____ 7- درخواست گزار کا منکوحہ بچی سے رشتہ _____

8- سرکاری ملازم/ملازمہ کا نام _____

9- سرکاری ملازم/ملازمہ کا شناختی کارڈ نمبر _____

10- سرکاری ملازم/ملازمہ کا عہدہ، سکیل، موجودہ/آخری تعیناتی مع پتہ _____

_____

11- اگر/سرکاری ملازم/ملازمہ ریٹائر ہو چکا ہے/چکی ہے تو تاریخ ریٹائرمنٹ _____

12- سرکاری ملازم/ملازمہ کی وفات کی صورت میں تاریخ وفات _____

13- سرکاری ملازم/ملازمہ پنجاب گورنمنٹ کا مستقل ملازم ہے/تھا/تھی/ایا کسی اور سروس/گروپ سے تعلق رکھتا ہے/تھا/تھی _____

14- اگر سرکاری ملازم/ملازمہ ڈیپوٹیشن پر ہے/تھا/تھی تو کیا بہبود فنڈ کی کٹوتی کروا رہا ہے/رہی ہے/رہا/تھا/رہی تھی _____

15- منکوحہ بچی کا نام مع شناختی کارڈ نمبر _____

16- نکاح کی تاریخ _____

17- نکاح رجسٹر کروانے کی تاریخ _____ 18- آبائی محکمہ میں درخواست جمع کروانے کی تاریخ _____

19- بہبود فنڈ سے ماہانہ امداد جاری ہونے کی صورت میں ماہانہ امداد کا بنک لیجر نمبر/کیس نمبر _____

حلف نامہ

میں حلفاً بیان کرتا/کرتی ہوں کہ درخواست فارم میں دیئے گئے تمام کوائف بالکل درست ہیں اور یہ کہ میں نے اس کے علاوہ کوئی درخواست نہ دی ہے

دانستہ طور پر غلط بیانی کرنے یا حقیقت کو مخفی رکھنے کی صورت میں فوجداری کاروائی کا/کی مستوجب ہونگا/ہونگی

درخواست گزار کے دستخط _____ فون نمبر _____

محکمہ کے سربراہ کی طرف سے تصدیق نامہ

میں تصدیق کرتا/کرتی ہوں کہ مسمی/مسماۃ ..... گورنمنٹ پنجاب کا ملازم/ملازمہ ہے/تھا/تھی اور وہ

دوران ملازمت/وفات/ریٹائرمنٹ کے وقت بطور ..... کام کر رہا ہے/تھا/تھی۔

وہ سکیل نمبر ..... میں تنخواہ حاصل کر رہا ہے/تھا/تھی (اس کی LPC اور آخری تنخواہ سلپ کی کمپیوٹرائزڈ نقل منسلک ہے) اس کا

انتقال دوران ملازمت/ریٹائرمنٹ کے بعد ہوا/معذوری کی بنیاد پر ہوا۔ محکمہ میں اس کی درخواست مورخہ ..... کو وصول ہوئی۔

یہ بھی تصدیق کی جاتی ہے کہ اس کی تعیناتی کنٹریکٹ کی بنیاد پر نہ ہوئی تھی بلکہ مستقل بنیاد پر ہوئی تھی۔

محکمہ کے سربراہ کا نام ..... شناختی کارڈ نمبر .....

عہدہ ..... تاریخ ..... دستخط ..... مہر .....

ہدایات

درخواست سرکاری ملازم/ملازمہ کے آبائی دفتر میں تاریخ نکاح سے 275 دن کے اندر جمع کروانا ضروری ہے۔

متعلقہ بورڈ میں درخواست نکاح کی تاریخ سے 365 دن کے اندر آنی ضروری ہے بعد از معیاد وصول ہونے والی درخواست پر کوئی کاروائی نہیں کی جائے گی۔

درخواست محکمہ کے توسط سے متعلقہ بورڈ میں آنی ضروری ہے اور درخواست کے ہمراہ مندرجہ ذیل کاغذات کا منسلک ہونا ضروری ہے۔

1- درخواست گزار اور سرکاری ملازم/ملازمہ کے شناختی کارڈ کی مصدقہ نقل

2- منکوحہ لڑکی کے شناختی کارڈ یا میٹرک کی سند یا یونین کونسل سے جاری کردہ پیدائشی سرٹیفکیٹ کی مصدقہ نقل

3- نکاح نامہ کی مصدقہ نقل

4- سرکاری ملازم/ملازمہ کی تنخواہ کی رسید/پے سلپ جس میں بہبود فنڈ کی کٹوتی کا ثبوت ہو۔

5- اگر درخواست گزار ریٹائرڈ سرکاری ملازم/ملازمہ ہے تو ریٹائرمنٹ آرڈر/پی پی او کی مصدقہ نقل

6- اگر سرکاری ملازم/ملازمہ دوران ملازمت وفات پا گیا ہو تو دوران ملازمت وفات کا مصدقہ سرٹیفکیٹ

7- سرکاری ملازم/ملازمہ کی وفات کی صورت میں ٹاؤن کمیٹی/یونین کونسل سے جاری کردہ فوتگی سرٹیفکیٹ کی مصدقہ نقل

8- سرکاری ملازم/ملازمہ کی وفات کی صورت میں کنبہ کے افراد کی فہرست جس میں افراد کا رشتہ سرکاری ملازم/ملازمہ کے ساتھ واضح ہو۔ اور یہ بھی درج ہو کہ ان افراد کے علاوہ خاندان کا اور کوئی فرد نہ ہے۔

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ (ایڈورڈز روڈ) لاہور فون نمبر: 37359347

پنجاب گورنمنٹ ملازمین کے بہبود فنڈ سے تجہیز و تکفین گرانٹ کے حصول کے لئے ترمیم شدہ درخواست فارم

1- درخواست گزار کا نام (اردو میں) ..... (انگریزی میں) .....

2- درخواست گزار کا شناختی کارڈ نمبر | | | | | | - | | | | | | | | - | |

3- درخواست گزار کے والد/خاوند/بیوی کا نام .....

4- درخواست گزار کے گھر کا مکمل پتہ .....

.....

5- درخواست گزار کا بینک اکاؤنٹ نمبر بینک اور برانچ کا نام .....

6- درخواست گزار کا سرکاری ملازم/ملازمہ سے رشتہ ..... 7- درخواست گزار کا وفات پانے والے سے رشتہ .....

8- سرکاری ملازم/ملازمہ کا نام اور شناختی کارڈ نمبر .....

9- سرکاری ملازم/ملازمہ کا عہدہ، سکیل، موجودہ/آخری تعیناتی مع پتہ .....

.....

10- سرکاری ملازم/ملازمہ کی وفات کی صورت میں تاریخ وفات .....

11- ریٹائرڈ سرکاری ملازم/ملازمہ کی وفات کی صورت میں تاریخ ریٹائرمنٹ .....

12- سرکاری ملازم/ملازمہ پنجاب گورنمنٹ کا مستقل ملازم ہے/تھا/تھی/یا کسی اور سروس/گروپ سے تعلق رکھتا ہے/تھا/تھی .....

13- اگر سرکاری ملازم/ملازمہ ڈیپوٹیشن پر ہے/تھا/تھی تو کیا بینوولنٹ فنڈ کی کٹوتی کروا رہا ہے/رہی ہے/رہا تھا/رہی تھی .....

14- وفات پانے والے کا نام بمع شناختی کارڈ نمبر .....

15- وفات پانے والے کے والد/خاوند/بیوی کا نام .....

16- تاریخ وفات ..... 17- وفات پانے والے کا سرکاری ملازم/ملازمہ سے رشتہ .....

18- آبائی محکمہ میں درخواست جمع کروانے کی تاریخ .....

19- بہبود فنڈ سے ماہانہ امداد جاری ہونے کی صورت میں ماہانی امداد کا بنک لیجر نمبر/کیس نمبر .....

اہم کالم

20- تجہیز و تکفین گرانٹ کی رقم منتقل کرنے کیلئے سرکاری ملازم/ملازمہ/درخواست گزار/سرپرست کا

(I) فون نمبر .....

(II) شناختی کارڈ نمبر | | | | | | - | | | | | | | | - | |

کالم 20 میں مطلوبہ معلومات غلط یا صحیح ہونے کی صورت میں درخواست گزار خود ذمہ دار ہوگا اور بورڈ ہذا اس سلسلہ میں کسی قانونی چارہ جوئی کا جواب دہ نہ ہوگا۔

حلف نامہ

میں حلفاً بیان کرتا/کرتی ہوں کہ متوفی/متوفیہ میرے زیر کفالت اور میرے ساتھ رہائش پذیر تھا/تھی یا میں متوفی/متوفیہ کے زیر کفالت اور اس کے ساتھ رہائش پذیر تھا/تھی مزید یہ کہ درخواست فارم میں دیئے گئے تمام کوائف بالکل درست ہیں اور یہ کہ میں نے اس کے علاوہ کوئی درخواست نہ دی ہے دانستہ طور پر غلط بیانی کرنے یا حقیقت کو مخفی رکھنے کی صورت میں فوجداری کاروائی کا/کی مستوجب ہونگا/ہونگی۔

درخواست گزار کے دستخط ..... فون نمبر .....

محکمہ کے سربراہ کی طرف سے تصدیق نامہ

میں تصدیق کرتا/ کرتی ہوں کہ مسمی/ مسماۃ ..... گورنمنٹ پنجاب کا ملازم/ ملازمہ ہے/ تھا/ تھا اور وہ دوران ملازمت/ وفات/ ریٹائرمنٹ کے وقت بطور ..... کام کر رہا ہے/ تھا/ تھی۔

وہ سکیل نمبر ..... میں تنخواہ حاصل کر رہا ہے/ تھا/ تھی (اسکے LPC اور آخری تنخواہ سلپ کی کمپیوٹرائزڈ نقل منسلک ہے) محکمہ میں اس کی درخواست مورخہ ..... کو وصول ہوئی۔ یہ بھی تصدیق کی جاتی ہے کہ اس کی تعیناتی کنٹریکٹ کی بنیاد پر نہ ہوئی تھی بلکہ مستقل بنیاد پر ہوئی تھی۔

محکمہ کے سربراہ کا نام ..... شناختی کارڈ نمبر .....

عہدہ ..... دستخط ..... مہر .....

ہدایات

درخواست سرکاری ملازم/ ملازمہ کے آبائی دفتر کے ذریعے تاریخ سے 3 سال کے اندر آنی ضروری ہے بعد از معیاد وصول ہونے والی درخواست پر کوئی کاروائی نہیں کی جائے گی۔

درخواست محکمہ کے توسط سے متعلقہ بورڈ میں آنی ضروری ہے اور درخواست کے ہمراہ مندرجہ ذیل کاغذات کا منسلک ہونا ضروری ہے۔

1- درخواست گزار اور سرکاری ملازم/ ملازمہ کے شناختی کی مصدقہ نقل۔
2- سرکاری ملازم/ ملازمہ کی تنخواہ کی رسید/ پے سلپ جس میں بہبود فنڈ کی کٹوتی کا ثبوت ہو۔
3- اگر سرکاری ملازم/ ملازمہ دوران ملازمت وفات پا گیا/ گئی ہو تو یونین کونسل سے فوتگی سرٹیفکیٹ کی مصدقہ نقل۔
4- متوفی کے شناختی کارڈ یا یونین کونسل سے جاری کردہ پیدائشی سرٹیفکیٹ اور فوتگی سرٹیفکیٹ کی مصدقہ نقل۔
5- درخواست گزار کا رابطہ نمبر _____

چیک لسٹ

غیر متعلقہ کاٹ دیں

1- درخواست گزار اور سرکاری ملازم/ ملازمہ کے شناختی کارڈ کی مصدقہ نقل لف ہیں۔	ہاں	نہیں
2- سرکاری ملازم/ ملازمہ کی تنخواہ کی کمپیوٹرائزڈ پے سلپ جس میں بہبود فنڈ (BF) کی کٹوتی کا ثبوت ہو مصدقہ نقل لف ہے۔	ہاں	نہیں
3- نان گزٹیڈ سرکاری ملازم/ ملازمہ کے ریٹائرمنٹ کی صورت میں پی پی او (پنشن بک) کی تصدیق شدہ کاپی لف ہے۔	ہاں	نہیں
4- درخواست فارم ادارہ کے سربراہ سے تصدیق کردہ لف ہے۔	ہاں	نہیں
5- سرکاری ملازم/ ملازمہ کی فوتیدگی کی صورت میں فوتیدگی کا کمپیوٹرائزڈ سرٹیفکیٹ مصدقہ نقل لف ہے۔	ہاں	نہیں
6- متوفی کے شناختی کارڈ اور یونین کونسل سے جاری کردہ فوتیدگی کا کمپیوٹرائزڈ سرٹیفکیٹ مصدقہ نقل لف ہے۔	ہاں	نہیں
7- نابالغ بچوں کی صورت میں متعلقہ یونین کونسل سے کمپیوٹرائزڈ جاری شدہ پیدائشی سرٹیفکیٹ کی مصدقہ نقل اور مجاز عدالت کی طرف سے جاری کردہ گارڈین شپ سرٹیفکیٹ لف ہے۔	ہاں	نہیں

دستخط سرکاری ملازم/ ملازمہ _____ دستخط سرپرست _____

دفتری استعمال کیلئے

کمپیوٹر نمبر _____ تاریخ _____ دستخط کے پی او _____

برائے آڈیٹر/ آڈٹ آفیسر

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ (ایڈورڈ روڈ) لاہور فون نمبر: 042-37359347

G.P.F.-9B

Depositor No.

Subscriber's Nomination.

.....Provident Fund.....

When the subscriber has a family and wishes to nominate a member thereof.

I, Mr. _____

S/o _____ bearing

NIC No: _____ hereby nominate the person mentioned below, who is a member of my family as defined in rule 2 of the*.....Provident fund.....*Rules..... to receive the amount that may stand to my credit in the Fund, in the event of my death before the amount has become payable or having become payable has not been paid:-

Name and Address of Nominee:

Relationship with subscriber	Age:	

Dated this day of

200 at

Signature of Subscriber

(Name with designation)

Two witness to Signature.

1.

2.

*Here insert the words necessary to complete the name of the Fund concerned-General Provident Fund (Central Services), Contributory Provident Fund, Pakistan Defence Saving Provident Fund, etc, as the case may be.

ٹائپ: نوبلی سٹیشنرز ۱۔ یہ حاجی بلڈنگ کراچی 7359347

DISTRICT BENEVOLENT FUND BOARD _____

Sanction Of Funeral Grant (Part-II)

S/No:	Name of Applicant	Name of Employee	Designation of Employee	CNIC No of Employee	Relationship with Deceased	Date of		Address	Amount	Bank	Branch	Account No
						Birth	Application					
1	2	3	4	5	6	7	8	9	10	11	12	13

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا، لاہور فون: 7359347

LIST OF FAMILY MEMBERS OF.....

Sr. No.	Name of members	Relationship	Age	Married/ Un-married

ATTESTED

Office of the _____

No._____ Date:_____

SANCTION ORDER

In exercise of the powers delegated to the undersigned vide S. No. _____ of the Punjab Govt. Delegation of Powers and Financial Rules _____ sanction is hereby accorded to incur an expenditure of Rs._____ Rupees _____ for purchase/repair/cost of_____ during the financiel year_____ from:-

(i) M/s. _____

(ii) M/s. _____

(iii) M/s._____

(iv) M/s._____

The expenditure involved is debitable to the Head of Account:-

_____

_____

_____

Designation with Stamp

No._____ Date:_____

A copy is forwarded for information and necessary action to:-

(i) _____

(ii) _____

(iii)_____

Designation with Stamp

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ (ایڈورڈ روڈ) لاہور فون نمبر: 7359347

FORM PAY 06

PERMANENT LOANS / ADVANCES FORM
(NEW & AMENDMENT)

Date 1 _____

Page No 2 _____

OFFICE OF THE 3 _____

FOR THE MONTH OF 4 _____ / 200

GENERAL INFORMATION

DDO Code 5 (Cost Centre) [ ][ ][ ][ ][ ][ ] Description 6 _____

PERSONAL INFORMATION

Personal Number 7 [ ][ ][ ][ ][ ][ ][ ][ ] Name 8 _____ Grade 12 [ ][ ]

National ID Card Number 9 _____ Designation 10 [ ][ ][ ][ ][ ][ ][ ][ ] Description 11 _____

Scale 13 [ ][ ] 14 _____ Period of Service 15 _____ Old GP Fund Account No 16 _____

PERMANENT LOAN DETAILS

Date of Permanent Loan 17 ____ / ____ / ____ (DD MM YYYY)

Total Amount 18 _____

Non - Refundable O 80%

Percentage of GP O 100%

Fund Balance 18 O Other _____ %

Employee Specimen Signature 23

Prepared by 20 _____

Audited/Checked by 21 _____

Entered/Verified by 22 _____

APPLICATION FOR ADMISSION TO THE PROVIDENT FUND (TO BE SUBMITTED IN DUPLICATE)

Account number to be allotted by the Accounts Officer	Name of applicant & Father's Name	Whether European Anglo-Pakistani or Pakistani	Official designation	Office to which attached	Whether post is permanent or temporary or whether applicant is on probation to a permanent post	If in temporary or Officiating service whether he is likely to become permanent	Rate of emolumenents permensem	Rate of subscription permensem (Rule G.P.F. Rules)	Whether compulsory or optional subscriber	If scubscriber desires any other fund the name of such Fund	Whether the applicant has a family or not	Whether joining the Sterling of Rupee branch of the Fund	Whether the applicant desires interest on his accumulation or not	Date of Birth	Date of Entry in Government Service
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Station _____

Date _____

Signature of Applicant

Signature of the Head of the Office

Designation

Office of the

No. _____ date _____ the _____ 197

Returned with account number allotted. This number should be quoted in all correspondences connected there with. A form of Nomination and Contingent Notice of cancellation filled in should be sent to this office as soon as possible.

(Signature)

(Designation)

DISTRICT BENEVOLENT FUND BOARD _____

Sanction Of Marriage Grant (Part-II)

S/No:	Name of Applicant	Name of Employee	Designation of Employee	CNIC No of Employee	Relationship of Applicant with Empolyee	Date of		Address	Amount	Bank	Branch	Account No
						Nikkah	Application					
1	2	3	4	5	6	7	8	9	10	11	12	13

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ لاہور فون: 7359347

LIST OF FAMILY MEMBERS OF.....

Sr. No	Name of members	Relationship	Age	Married/ Un-married

ATTESTED

Contingent Bill Form

(Provincial)

Office of _____ Month: _____

Major Function: _____	Deptt. Code _____	Voucher No _____
Minor Function: _____	D.D.O. Code _____	
Detailed Function: _____		

Description	Code	Amount
Operating Expenses:	**A03**	
Fees	A031	
Bank Fee	A03101	
Legal Fee	A03102	
Communications:	**A032**	
Postages and Telegraph	A03201	
Telephone and Trunk Call	A03202	
Telex and Teleprinter Fax	A03203	
Electronic Communication	A03204	
Courier and Pilot Service	A03205	
Others	A03270	
Utilities:	**A033**	
Gas	A03301	
Water	A03302	
Electricity	A03303	
Hot and Cold Weather Charges	A03304	
Others	A03370	
Occupancy Costs:	**A034**	
Charges	A03401	
Rent for office Building	A03402	
Rent for Residential Building	A03403	
Rent for other Building	A03404	
Rent other than on Building	A03405	
Royalties	A03406	
Rates and Taxes	A03407	
Rent of Machinery & Equipment	A03408	
Motor Vehicle:	**A036**	
Insurance	A03602	
Registration	A03603	
Consultancy and Contractual Work:	**A037**	
Computer	A03701	
Management	A03702	
Government Departments	A03703	
Travel & Transportation of Govt. Servants:	**A038**	
Training Domestic	A03801	
Training International	A03802	
Transportation of Goods	A03806	
POL Charges	A03807	
Conveyance Charges	A03808	
CNG Charges	A03809	
Others	A03820	
Total		

Description	Code	Amount
General:	**A039**	
Stationery	A03901	
Printing and Publication	A03902	
Conference/Seminars	A03903	
Hire of vehicles	A03904	
Newspapers, Periodicals and Books	A03905	
Uniforms and Protective Clothing	A03906	
Publicity and Advertisement	A03907	
Contribution & Subscription	A03913	
Secret Services Expenditure	A03914	
Payment to Govt. Deptt. S.Rent	A03915	
Law Charges	A03917	
Exhibition, Fairs & National Celebrations	A03918	
Payment to others for services rendered	A03919	
Purchase of Drugs and Medicines	A03927	
Cost of other stores	A03942	
Computer Stationary	A03955	
Others	A03970	
Transfers (Awards):	**A061**	
Cash Awards	A06103	
Bonus	A06104	
Entertainments and Gifts:	**A063**	
Entertainments and Gifts	A06301	
Purchase of Physical Assets:	**A09**	
Purchase of Transport	A09105	
Purchase of Mach. and Equip.	A09106	
Purchase of Furniture and Fixture	A09107	
Purchase of Hardware	A09201	
Purchase of Software	A09202	
Purchase of I.T. Equipment	A09203	
Repair and Maintenance:	**A13**	
Repair of Transport	A13001	
Repair of Mach. & Equip.	A13101	
Repair of Furniture and Fixture	A13201	
Repair of Office Buildings	A13301	
Repair of Res. Buildings	A13302	
Repair of Other Buildings	A13303	
Repair of Structures	A13304	
Repair of Hardware	A13701	
Repair of Software	A13702	
Repair of IT. Equipment	A13703	
Grand Total		

Budget Appropriation
(i) Allotment of the year =Rs. _____
(ii) Total of present bill =Rs. _____
(iii) Total of the previous bills=Rs. _____
(iv) Total Update (ii)+(iii) =Rs. _____
(v)Balance (i)-(iv) =Rs. _____

	Rs.	Ps.
Amount of the Bill B/F		
GRAND TOTAL		

Amount (in words) _____

Received payment and certified that the expenditure charged in this bill could not with due regard to the interest of the Public Service be avoided. I have satisfied myself that the charges entered in the bill have been really paid.

Signature with Seal of
Drawing & Disbursing Officer

(1) Certified that all the articles detailed in the vouchers attached to the bill and in those retained in my office have been accounted for in the Stock Register.
(2) Certified that the purchases billed for have been received in good order, that their quantities are correct and their quality good, that the rates paid are not in excess of the accepted and the market rates and that suitable notes of payment have been recorded against the indents and invoices concerned to prevents double payments.
(3) Certified that in respect of the conveyance charged for in the bill, a suitable portion of the amount has been charged Government and the balance sheet by the touring officers and their subordinates.
(4) Certified that the charges on account of electricity do not include any expenses on account of private consumption.
(5) Certified that Income Tax will be deducted before making payment to the firm at the prescribed rates if due.

Date _____

Signature with Seal of
Drawing & Disbursing Officer

FOR USE IN AUDIT OFFICE / TREASURY

Token No _____ Date _____

Pay Rs. _____

Rupees (in words) _____

Assistant Accountant General

Accounts Officer

ملنے کا پتہ: نوبل سٹیشنرز 1۔ سید موج دریا روڈ (ایڈورڈ روڈ) لاہور فون نمبر: 042-37359347

LAST PAY CERTIFICATE

(A&T No.289)

OFFICE OF THE _____

No. _____ Date _____

1. Name of Govt. Servant _____

2. Father's Name _____

Designation _____ Scale of Pay _____

Proceeding on _____ to _____

3. He has been paid upto and for _____ at the following rates:-

PAYMENTS :

Pay	HRA	CA									G.TOTAL

DEDUCTIONS :

GPF	B-F	G-I								G.TOTAL

4. He has made over charge of the office of _____

on the _____ noon of the _____ 20

5. Recoveries are to be made from the pay of Government servant as detailed on the reverse.

6. He has been paid leave salary as detailed below. Deductions have been made as noted on the reverse.

Period		Rate		Amount
From	to	at Rs.	amonth	
From	to	at Rs.	amonth	
From	to	at Rs.	amonth	

7. He is entitled to draw the following:

_____

_____

8. He is also entitled to joining time for _____ days.

9. The details of the Income Tax recovered from him up to the date from the beginning of the current year is noted on the reverse.

(Signature)

(Designation)

A copy is forwarded to :

(i) _____

(ii) _____

DETAILS OF RECOVERIES

Nature of recovery _____

Amount, rupees _____

To be recovered in _____ instalments.

DEDUCTIONS MADE FROM SALARY / LEAVE SALARY

From _____ to _____ on account of _____ Rs.

From _____ to _____ on account of _____ Rs.

From _____ to _____ on account of _____ Rs.

Name of months	Pay		Gratuity, Fee etc.		Funds and other Deductions		Amount of Income-tax recovered		Remarks
April									
May									
June									
July									
August									
September									
October									
November									
December									
January									
February									
March									

He took over / assumed charge of the office of _____

on the _____ noon of _____

(Signature)

(Designation)

Photograph of Mr/Miss/Mrs:_____

1._____

2._____

3._____

ATTESTED

(To be given by the retiring Govt-Servant 120 days before his superannuation)

APPLICATION FOR GRANT OF PENSION / GRATUITY

To,

The, _____

_____

_____

Subject: APPLICATION FOR GRANT OF PENSION / GRATUITY

Sir,

I have the honour to say that I am serving as _____

in _____ I am due to retire from government service
(Name of deptt- office)

wef: _____

I therefore request your good will to kindly sanction the pension in my favour as admissible under the rules. Following documents are enclosed herewith:

(i) Descriptive Roll (List of Family Members).

(ii) Undertaking of recovery of overpayment

(iii) Option for Commutation/Gratuity.

(iv) Option for Bank

Yours Obediently,

Name with Signature: _____

S/o, W/o, D/o. _____

Post held on the date of retirement. _____

Postal address _____

_____

Dated _____

Annex-B-1

(To be issued by the Appointing Authority 90 days before superannuation of the retiring Government servant).

Subject:- NOTIFICATION / ORDERS OF RETIREMENT ON SUPERANNUATION / RETIRING PENSION AND SANCTION OF PENSIONARY BENEFITS.

Notification / Order No:_____ Dated:_____

(1) On attainting the age of superannuation, Mr./Mrs._____ s/o, w/o, _____ residing at _____ having Contact No._____ Designation _____ drawing pay _____ (reckonable for pension), as under, in BS*_____ Personnel No._____ CNIC No**_____ presently posted at _____ (Place of posting) shall stand retired form Government service on _____ A/N.

(i) Basic Pay : _____
(ii) Special Pay : _____
(iii) Persona Pay : _____
(iv) Qualification Pay: _____
(v) Technical Pay : _____
(vi) Senior Post Allowance : _____
(vii) Total pay Rs : _____

(2) (a) His date of birth is _____
(b) Date of 1st entry in Govt. service _____
(c) E.O.L availed is _____
(d) Total length of qualifying service for pension is _____ year _____ months _____ days.
(e) His deputation period is _____ years _____ months _____ days.
(Also enclose original service book in case of non-gazetted Govt. Servants and posting/ promotion profile of gazetted Govt. Servant)

(3) No inquiry is pending against him.
(4) No demand/recovery is due against him.
(5) Advances drawn (if any) stand repaid is full, along with interest.
(6) Orderly allowance @_____ pm.
(7) Descriptive Roll, undertaking to make good Government losses and option for commutation is enclosed at Annex-A.
(8) Administrative and financial sanction for grant of pension without commutation***or pension with commutation @ (%)****, to be determined by the Accountant General, Punjab, is hereby accorded in favour of Mr._____as admissible under the rules.

Signature (By Name) with stamp
Pension Sanctioning Authority
*******Pension Cost Center Code No.**

* Please indicate kind of appointment Regular/Officiating or Acting charge/Current charge and from what date
** Attested copy of CNIC attached
*** Subject to option for retiring Government Servant
**** Subject to a maximum of 35% of gross pension
***** To be allocated by AG, Punjab

Note 1:-The sanction accorded, as above, is subject to change on account of any additional information / facts reported subsequently.

Note 2:- Pay reckonable for pension includes basic pay, special pay, personal pay, qualification pay, technical pay and senior post allowance or any other emolument reckonable for pension.

DESCRIPTIVE ROLL

(List of Family Members)

Name of Govt.Servant _____

S.No.	Name	Relation with the retiring Govt. Servant	CNIC No. (if available)	Age	Marital Status (Married/Un-Married)

Attested:

Signature of Retiring Govt. Servant

Name: _____

Address: _____

Date _____

Contact No: _____

UNDERTAKING FOR RECOVERY OF AMOUNT

I hereby undertake to refund the amount established against me during or after my service and the same may be deducted at source from my pension / commutation.

Attested:

Signature of Retiring
Govt. Servant

Name: _____

Address: _____

Date _____ Contact No: _____

OPTION FOR COMMUTATION:

(i) I hereby opt full pension without commutation

OR

(ii) I hereby opt commutation @ Rs. _____ (Subject to a maximum of 35% of my Gross Pension.)

Attested:

Signature of Retiring
Govt. Servant

Name: _____

Address: _____

Date _____ Contact No: _____

OPTION FOR BANK

I wish to draw my Pension / Commutation from the following bank

(a) Name of Bank _____

(b) Bank Branch _____

(c) Bank Account No. _____

Attested:

Signature of Retiring
Govt. Servant

Name: _____

Address: _____

Date _____

Contact No: _____

Specimen Signature of Mr. _____

1. _____

2. _____

3. _____

ATTESTED

Impression of the balls of the thumb and all fingers of the left hand

of Mr.....

Left hand thumb _____

Left hand 1st. finger _____

Left hand 2nd. finger _____

Left hand 3rd. finger _____

Left hand 4th. finger _____

Dated _____

ATTESTED

Photograph of Mst./Mr/Miss: _____

1. _____

2. _____

3. _____

ATTESTED

APPLICATION FOR GRANT OF FAMILY PENSION /GRATUITY

To,

The .....

.....

.....

Subject: Grant of family pension to Mst./Mr./Miss. .....

W/o, H/o, D/o, S/o, ...

Sir,

It is submitted that my husband/ my wife/ my father, Mr./Mst .....

S/o , D/o ..... has died on .....

He/She was serving as ..... in ..... department.
(Mention designation of the deceased) (Name of Department)

Now I am the only one and lawful widow/ widower/ daughter/ son of the deceased. Hence I request you to kindly grant me family pension as admissible under the rules.

The following documents are enclosed with the application for necessary action:

(i) Death Certificate
(ii) Descriptive Roll (List of Family Members)
(iii) Non-remarriage Certificate
(iv) Certificate of Lawful Widow
(v) Undertaking of Overpayment
(vi) Entitlement Declaration
(vii) Photo Copy of NIC

Your's obediently,

Mst./Mr./Miss: .....

W/o, H/o, D/o, S/o: .....

Address: .....

.....

Date: .....

CNIC No: .....

FORM D-1
FAMILY PENSION FORM

(To be issued by the Appointing Authority / PSA in the event of inservice death of a Government Servant)

SUBJECT: NOTIFICATION / ORDERS FOR SANCTION OF FAMILY PENSION IN RESPECT OF .....

Notfcatiion / Order No. ..... Dated .....

(1) Mr. ..... S/O .....
residing at ..... designation.....
drawing pay Rs:** .....(reckonable for pension) as under, in BS* ..... personal No. .....
having CNIC No. ....., lastly posted at .....
place of posting ..... expired on ..... while in service
(Name of office)
(Death certificate is attached)

(i) Basic pay Rs: .....
(ii) Special pay Rs: .....
(iii) Personal pay Rs: .....
(iv) Qualification pay Rs: .....
(v) Technical pay Rs: .....
(vi) Senior post allowance Rs: .....

Total pay Rs: .....

(2) Orderly Allowance (if any) Rs. .....

(3) (i) His date of birth was .....
(ii) His date of first entry in Government service was .....
(iii) EOL availed during service was .....
(iv) His total length of qualifying service for pension comes out to ..... years.
(Enclose an attested copy of last month computer pay slip, service book and paid challan of pension contribution. Also enclose original service book and in case of Non-Gazetted deceased Government servant and posting profile of deceased Gaztted Government servant.)

(4) No inquiry was pending against him. Inquiry pending against him stands abated.

(5) No Demand / Recovery was due against him. Recovery / Demand amounting to Rs. ..... was recoverable against the deceased which needs to be recovered / adjusted from family pension.

(6) Advances drawn by the deceased (if any) stand repaid in full alongwith interest.

(7) Descriptive roll, undertaking to make good Government losses is enclosed at Annex-A

(8) As per record it is verified that Mr. ..... having CNIC No. .....
and contact No. ..... is a bonafide family member entitled to family pension of
Mr ..... (mention relation with deceased Government servant)

(9) ****Bank account No. in which family pension / gratuity is to be credited .....

(10) Administrative and Financial sanction for grant of family pension with gratuity to be determined by the Accountant General Punjab / District Accounts Office as admissiable under the rules is hearby accorded in favour of Mr. ..... having CNIC No. .....
(Mention Name and Relation with deceased)

Signature (By Name) with Stamp
Pension Sanctioning Authority
*** Pension Cost Center Code No. .....

* Please indicate the kind of appointment i.e. Regular / Officiating, or Acting Charge / Current Charge and from which date: .....
** Attested copy of CNIC of deceased Government servant and claiment of family pension attached.
*** To be allocated by AG Punjab / District Accounts Office.
**** The Bank Account should be verified by the Manager of the concerned Bank.

(Contd. Page-2)

DESCRIPTIVE ROLL

(List Of Family Members)

Name of Govt. Servant (Deceased) _____

Sr. No.	Name	Relation with the retiring Govt. Servant	CNIC No. (if available)	Age	Marital Status (Married/Un-Married)

Attested:

Name: .....

Address: .....

Date: .....

Contact No: .....

Entitlement Declaration

I hereby solemnly declare that I, Mst/Mr./Miss. .. ..
(Name and relation with govt. servant / pensioner)
am a bonafide entitled family member to receive pension of late

Mr/Mrs. ..... S/o / D/o .....

who expired on ..... while in service / after retirement and who was

in receipt of pension / family pension as the case may be.

(I) Death certificate is attached.
(ii) PPO / FPPO (in case of pensioner death certificate is attached)
(Applicable in case of Family Pension only)

Signature of the Person
claiming Family Pension

Attested:

Name: .....

CNIC No. .....

Address: .....

Contact No. .....

Date: _____

Undertaking For Recovery Of Amount

I hereby undertake to refund any outstanding amount / liability established against the deceased Govt. servant / pensioner during his service or thereafter and if so the same may be deducted at source / adjusted against my family pension / gratuity.
(applicable in case of family pension)

Attested:

Signature of the Person
claiming Family Pension

Name: .....

CNIC No. .....

Address: .....

Contact No. .....

Date: _____

Note: This Proforma must be attested by the PSA / DDO.

Non Remarriage Certificate

I, Mst / Mr. .....W/o / H/o .....
late Mr. / Mst. ..... do hereby declare that I have not married after the death of my late husband / wife and am residing with my children as widow / widower.

Attested:

Signature

Address: .....

Date: _____

Contact No. .....

Lawful Widow Certificate

It is certified that I Mst. ..... D/o Mr. .....
am the lawful widow of late Mr. ..... and there is not any other wife of my late husband.

Attested:

Signature

Address: .....

Date: _____

Contact No. .....

Note: This Proforma must be attested by the PSA / DDO.

Specimen Signature of Mst./Mr./Miss.: _____

1. _____

2. _____

3. _____

ATTESTED

Impression of the balls of the thumb and all fingers of the Right Hand / Left Hand of Mst./Miss./Mr. .....

Right Hand / Left Hand thumb _____

Right Hand / Left Hand 1st. finger _____

Right Hand / Left Hand 2nd. finger _____

Right Hand / Left Hand 3rd. finger _____

Right Hand / Left Hand 4th. finger _____

ATTESTED

Dated _____

Photograph of Mst./Mr/Miss: _____

1. _____

2. _____

3. _____

ATTESTED

APPLICATION FOR GRANT OF FAMILY PENSION /GRATUITY

To,

The .....

.....

.....

Subject: Grant of family pension to Mst./Mr./Miss. .....

W/o, H/o, D/o, S/o, ...

Sir,

It is submitted that my husband/ my wife/ my father, Mr./Mst .....

S/o , D/o ..... has died on ..... He/She was

drawing pension vide PPO NO. ..... He/She was serving as .....
(Mention designation of the deceased)

in ..... department.
(Name of Department)

Now I am the only one and lawful widow/ widower/ daughter/ son of the deceased. Hence

I request you to kindly grant me family pension as admissible under the rules.

The following documents are enclosed with the application for necessary action:

(i) Death Certificate
(ii) Descriptive Roll (List of Family Members)
(iii) Non-remarriage Certificate
(iv) Certificate of Lawful Widow
(v) Undertaking of Overpayment
(vi) Entitlement Declaration
(vii) Photo Copy of NIC
(viii) Photo Copy of old PPO

Your's obediently,

Mst./Mr./Miss: .....

W/o, H/o, D/o, S/o: .....

Address: .....

.....

Date: .....

CNIC No: .....

FORM D-II
FAMILY PENSION FORM

(To be forwarded by the Appointing Authority / PSA in the event of death of the Pensioner)

SUBJECT: GRANT OF FAMILY PENSION IN THE CASE OF DEATH OF PENSIONER IN RESPECT OF MST/MR ..... W/O,H/O,D/O,S/O .....

Ref. No. ..... Dated .....

(1) Mr./Mst. ..... S/o,D/o ..... residing at ..... designation at the time of retirement ..... drawing pension/family pension @ ..... per month vide PPO/FPPO No. ..... CNIC No. ..... drawing pension from the Bank/Bank Branch ..... has expired on ..... [Death certificate is attached]

Net Pension ..... per month

Increases: .....

.....

.....

.....

Total Pension Rs. ..... per month.

(2) Orderly Allowance (if any) Rs. .....

(3) (i) His / Her date of birth was .....

(ii) His / Her date of retirement from Govt. service/date of sanction of family pension was.....

(Original PPO/FPPO of deceased pensioner is enclosed)

(4) No Demand / Recovery was due against him/her.

(5) Recovery / Demand amounting to Rs. ..... is recoverable against him/her which needs to be recovered from family pension.

(6) Advances drawn by the deceased (if any) stand repaid in full alongwith interest.

(7) Descriptive roll, undertaking to make good Government losses is enclosed at Annex-A.

(8) As per record it is verified that Mr./Mst. ..... having CNIC No. ..... and contact No. ..... is a bonafide family member entitled to family pension of Mr./Mst. ..... (mention relation with deceased Government servant)

(9) Family Pension is to be determined by the Accountant General Punjab / DAO concerned in favour of Mr.Mst. ..... CNIC No. ..... Contact No. .....

***Bank Account No. in which family pension is to be credited .....

Signature (By Name) with Stamp
Pension Sanctioning Authority
** Pension Cost Center Code No. .....

* Attested copy of CNIC of deceased Pensioner and claiment of family pension is attached.
** To be allocated by AG Punjab / District Accounts Office concerned.
*** The Bank Account should be verified by the Manager of the concerned Bank.

(Contd. Page-2)

Note: The sanction accorded as above is subject to change on account of any additional information / facts reported subsequently

DESCRIPTIVE ROLL

(List Of Family Members)

Name of Govt. Servant (Deceased) _____

Sr. No.	Name	Relation with the retiring Govt. Servant	CNIC No. (if available)	Age	Marital Status (Married/Un-Married)

Attested:

Name: .....

Address: .....

Date: .....

Contact No: .....

Entitlement Declaration

I hereby solemnly declare that I, Mst/Mr./Miss. .....
(Name and relation with govt. servant / pensioner)
am a bonafide entitled family member to receive pension of late

Mr/Mrs. ..... S/o / D/o .....

who expired on ..... while in service / after retirement and who was

in receipt of pension / family pension as the case may be.

(I) Death certificate is attached.
(ii) PPO / FPPO (in case of pensioner death certificate is attached)
(Applicable in case of Family Pension only)

Signature of the Person
claiming Family Pension

Attested:

Name: .....

CNIC No. .....

Address: .....

Contact No. .....

Date: _____

Undertaking For Recovery Of Amount

I hereby undertake to refund any outstanding amount / liability established against the deceased Govt. servant / pensioner during his service or thereafter and if so the same may be deducted at source / adjusted against my family pension / gratuity.

(applicable in case of family pension)

Attested:

Signature of the Person
claiming Family Pension

Name: .....

CNIC No. .....

Address: .....

Contact No. .....

Date: _____

Note: This Proforma must be attested by the PSA / DDO.

Non Remarriage Certificate

I, Mst / Mr. .....W/o / H/o .....
late Mr. / Mst. ..... do hereby declare that I have not married after the death of my late husband / wife and am residing with my children as widow / widower.

Attested:

Signature

Address: .....

Contact No. .....

Date: _____

Lawful Widow Certificate

It is certified that I Mst. ..... D/o Mr. .....
am the lawful widow of late Mr. ..... and there is not any other wife of my late husband.

Attested:

Signature

Address: .....

Contact No. .....

Date: _____

Note: This Proforma must be attested by the PSA / DDO.

Specimen Signature of Mst./Mr./Miss.: _____

1. _____

2. _____

3. _____

ATTESTED

Impression of the balls of the thumb and all fingers of the Right Hand / Left Hand of Mst./Miss./Mr. .....

Right Hand / Left Hand thumb _____

Right Hand / Left Hand 1st. finger _____

Right Hand / Left Hand 2nd. finger _____

Right Hand / Left Hand 3rd. finger _____

Right Hand / Left Hand 4th. finger _____

ATTESTED

Dated _____