



PERMANENT GP FUND ADVANCE FORM

OFFICE OF THE _____
 FOR THE MONTH OF _____/20 _____

DDO CODE: (Cost Center)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DESCRIPTION:			
PERSONNEL NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EMPLOYEE NAME			
CNIC:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	<input type="text"/>	
								BPS:	<input type="text"/>	
DESIGNATION:				PERIOD OF SERVICE:				OLD GP FUND ACCOUNT NO.		

PERMANENT LOAN DETAILS:

DATE OF PERMANENT LOAN:	<input type="text"/>	<input type="text"/>	//	<input type="text"/>	<input type="text"/>	//	<input type="text"/>	<input type="text"/>	TOTAL AMOUNT:		
NON-REFUNDABLE PERCENTAGE OF GP FUND BALANCE:	<input type="checkbox"/>	80%		<input type="checkbox"/>	100%		<input type="checkbox"/>	Other			
DATE OF BIRTH:	<input type="text"/>	<input type="text"/>	//	<input type="text"/>	<input type="text"/>	//	<input type="text"/>	<input type="text"/>	DATE OF APPOINTMENT:	<input type="text"/>	<input type="text"/>
										<input type="text"/>	<input type="text"/>

Employee Specimen Signature

1 _____

2 _____

3 _____

Prepared By

Audited/Checked By

Entered/Verified By