



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"/>	<input type="text"/>	--	BPS:	<input type="text"/>	<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"/>	//	<input type="text"/>	<input type="text"/>

Employee Specimen Signature

1 _____

2 _____

3 _____

Prepared By _____

Audited/Checked By _____

Entered/Verified By _____