

OFFICE OF THE
CONTROLLER GENERAL OF ACCOUNTS

CGA Complex, Sector G-5/2,

I S L A M A B A D

APPLICATION FOR THE GRANT OF G.P. FUND ADVANCE

1. NAME & DESIGNATION _____
2. PERSONNEL NO. _____
3. SECTION. _____
4. BASIC PAY. _____
5. SUBSCRIPTION PAY. _____
6. G.P.F A/c NO. _____
7. PREVIOUS BALANCE. _____
8. NO & SANCTION DATE _____
9. AMOUNT OF ADVANCE. _____
10. REASON OF ADVANCE. _____

CERTIFICATE.

Certified that all above particulars are correct and I affirm that I will not request for the postponement of recoveries.

Signature _____

Date _____

No. Admn-II/ _____
Forwarded to Admn-II Section (Local)

Concerned B.O _____

Verified:- (i) That Rs. _____ is outstanding against him/her.
(ii) That no G.P Fund Advance is outstanding and last recovery was made on _____.

Supervisor (B.G) _____

No. Admn-II/PF/ _____

Dated _____

Forwarded to the Branch Officer CF-II Section Local for verification of GP Fund balance at credit.

B.O (Admn-II) _____

Certified that amount of Rs. _____ stands at his credit upto _____

A.A.O. [CF-II]