UNIVERSITY OF AGRICULTURE, FAISALABAD

***Treasurer’s Office***

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Application No.: Dated

APPLICATION FORM FOR

GRANT OF ADVANCES TO UNIVERSITY EMPLOYEES

# Reference: Campus News No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name of employee** |  |
| **Father’s Name** |  |
| **Designation** |  |
| **Department/ Institute/Faculty** |  |
| **CNIC** |  | **P.No.** |  |
| **Contact No./Cell** |  | **Extension No.** |  |
| **Date of Regular appointment** |  | **Number of Years (Regular service)** |  |
| **Date of Birth** |  |  |  |
| **Gross Salary** |  | **Net Salary** |  |
| **Purpose of Advance (if any)** |  | **Requirement/ Demand for advance** |  |
| **Period of Advance** |  | **Number of Installments** |  |

|  |
| --- |
| **Any other loan/advance previously taken from VP Fund, Bank (whatsoever nature), for which installment(s) are being paid/deducted from salary** |
| **1. Voluntary Provident Fund** |  | **Purpose of Loan** |  |
| **Installment Amount/month** |  | **Remaining liability** |  |
| **2. Name of Financial Institution/Bank** |  | **Purpose of Loan** |  |
| **Installment Amount/month** |  | **Remaining liability** |  |

1. I will abide by the eligibility, criteria and rules framed by the competent authority.
2. I certified that the information stated above is true to best of my knowledge.
3. In case of any false information, I may be disqualified from grant of advance and competent authority can take necessary action.

#  SIGNATURE OF EMPLOYEE

***Recommended and forwarded by***

#  HEAD OF DEPARTMENT DEAN/DIRECTOR/PRINCIPAL OFFICER

(Signature with Official stamp) (Signature with Official stamp)