



**APPLICATION FORM FOR THE SUBSCRIPTION/ACCOUNT OPEN
OF VOLUNTARY PROVIDENT FUND,**

University of Agriculture, Faisalabad
(PENSION AND FUND SECTION)

Name of the Applicant (In block letters)	
Designation	
Department & Office	
Permanent Address	
Cell No.	
Pin Code No.	
Monthly Pay	
Date of Appointment	
Rate of monthly Subscription to V.P. Fund	@Rs. _____
1st deduction is to be made on	
Profit on V.P Fund Amount	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Nominee	
Relationship with Nominee	
A/C No. to be allotted by the Pension & Fund Section	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Attach Attested Copies of Following: -

- i. Recent Pay Slip
- ii. CNIC
- iii. Nominee's CNIC
- iv. Copy of Appointment Order
- v. 3 Original Copies of Application Form

Applicant's Signature

Head of the Department

Admin. Officer P&F

Accounts Officer P&F

TREASURER