

PAKISTAN BROADCASTING CORPORATION
HEADQUARTERS ISLAMABAD

APPLICATION FOR THE WITHDRAWAL OF G.P. FUND
ADVANCE REFUNDABLE

Name. : _____
Designation. : _____
Date of Birth. : _____
Basic Pay. : _____
G.P Fund Account No. : _____
Name of Branch/Unit. : _____
Advance Applied for. : _____
Purpose of Advance. : _____

DETAIL OF PREVIOUS ADVANCE IF ANY

| Date of Drawl | Amount of Loan | Amount Refunded | Balance |
|---------------|----------------|-----------------|---------|
|---------------|----------------|-----------------|---------|

Verified by Accounts Wing

Give details of Insurance Policy No.
Sanction/Authority letter No.
and date enclosed copy of
Sanction and Insurance premium.

Bank Account No. and
Name of Branch of Applicant. _____

The above advance may be recover
From my pay in _____ equal monthly
Instalments each of Rs. _____ each.

Signature : _____
Name : _____
Designation : _____
Date : _____

(CH.M.FAISAL)*