

APPLICATION PERFORMA FOR LONG TERM ADVANCES

Budget Section, Karakoram International University, Gilgit Tel: 05811-960011 Ext: 110

Instructions to Follow:

- Do not leave any column / information incomplete. the incomplete form will be rejected.
- Dates should be mentioned in proper format, e. g. dd/mm/yyyy. only year is not acceptable.
- Option box to be fill as or .
- All the photocopies of the documents should be clear and readable and attested by a gazetted officer.
- After entering the application in computer, any change should be brought into the notice of the Budget Section. Otherwise office will not be responsible of the issuance of incorrect FAC.

General Information

| | |
|--|-------|
| Application No. | Dated |
| Deptt: Name & Address | |
| Tel No. | |
| If on Deputation write parent Deptt. Name | |
| Application For | |
| <input type="checkbox"/> House Building Advance <input type="checkbox"/> GB <input type="checkbox"/> Others <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-16 <input type="checkbox"/> 17-22 | |
| <input type="checkbox"/> Motor Car Advance <input type="checkbox"/> Motor Cycle Advance <input type="checkbox"/> Cycle Advance <input type="checkbox"/> Difference | |

Applicant's Particulars

| | |
|------------------------------------|------------------------------------|
| Name | Appointment Date |
| Father/Husband Name | Basic Pay Scale |
| Date of Birth | Basic Pay |
| Temporary <input type="checkbox"/> | Permanent <input type="checkbox"/> |
| Contract <input type="checkbox"/> | Date of Retirement |
| Designation | Amount of Advance requested Rs. |
| Employee Personal No. | CNIC No. |
| E-mail Address: | Mobile No. |

Note: Email Address and Mobile No. are Mandatory

Previous Advance History

| | | |
|--------------------|--------------|------------|
| Type of Advance | Date of Draw | Amount Rs. |
| Amount Outstanding | Any Comments | |

Particulars of Plot / House

| |
|--|
| <input type="checkbox"/> Self Owned <input type="checkbox"/> Other <input type="checkbox"/> if Other Owner Name |
| Category <input type="checkbox"/> Plot <input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> if Other write detail |
| Location / Address |

Checklist of the Documents to be attached with this application:

| | |
|--|--|
| HBA 1) Particulars & Attested copies of the Plot / House <input type="checkbox"/> 2) Attested copies of the valid agreement deed made with the owner of the house / plot / land to be purchased <input type="checkbox"/> 3) Attested copies of the documents establishing proprietary rights in the name of the seller of the house / plot / land <input type="checkbox"/> 4) Attested copy of the NIC <input type="checkbox"/> 5) Attested copy of the latest pay slip <input type="checkbox"/> . | Motor Car / Motor Cycle / Cycle 1) Attested copy of the NIC <input type="checkbox"/> . 2) Attested copy of the latest pay slip <input type="checkbox"/> . |
|--|--|

DDO Certificate:

It is to certified that documents upon which the house is proposed to be built / purchased provided by Mr.....
 Designation..... has been kept on the record. The documents have been examined and are valid as per requirement of para 253-A of GFR, Vol. 1. The application for allocation of funds is being forwarded along with the approval of the sanctioning authority.

Applicant's Signature

Drawing & Disbursing Officer
Signature with Official Stamp