



**PAYROLL SYSTEM
AMENDMENT FORM
SINGLE EMPLOYEE ENTRY**

FORM: PAY02

Date: __/__/20__

Page No. _____

OFFICE OF THE _____

FOR THE MONTH OF _____ / 20__

DDO code
(Cost Center)

--	--	--	--	--	--	--

Description: _____

Personnel
Number:

--	--	--	--	--	--	--	--

Employee
Name: _____

National ID
Card Number: _____

Grade (Pay
Scale Group)

--	--

Salary Status: ☐ Start ☐ Stop

Info Type	General Data Change		Change in Payments/Deductions										Effective Date	Remarks
	Field ID	New Contents	Wage Type				Amount in Rupees							

Prepared By

Audited / Checked By

Entered / Verified By



OFFICE OF THE ACCOUNTANT GENERAL SINDH

VENDOR CREATION FORM

Bank: _____

Branch: _____

Account: _____

Section:

--	--	--

Name of Vendor:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cost center:

--	--	--	--	--	--

Category:	DDO		Govt. Servant		Rtd. Govt. Servant
	Other than Govt. Servant		Supplier/Contractor		
	Govt. Institution		Others		

SEARCH TERM:

Govt. Employee

Personnel Number:

--	--	--	--	--	--	--	--

CNIC Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other than Govt. Employee

CNIC Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Supplier/Contractor

NTN/ Sales Tax Number:

--	--	--	--	--	--	--	--	--	--	--	--

Government Institution

FTN Number:

--	--	--	--	--	--	--	--	--	--	--	--

Official Stamp

Signature of DDO
(FOR OFFICIAL USE ONLY)

Head of Office/Department

Checked & Verified by: Senior Auditor Asst. Accounts Officer Accounts Officer

Vendor

--	--	--	--	--	--	--	--

Vendor Created By: _____

Dated: _____



Employee Master File Creation Form

(Applicable for both Payroll and GP Fund)

FORM: PAY01

EMPLOYEE ID (TO BE ASSIGNED BY OFFICE)

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01 OFFICE OF THE _____

02 FOR THE MONTH OF _____ /20 ____

03 DDO CODE: _____
(Cost Center)

Description: _____

04

PERSONNEL ACTIONS - INFO TYPE 00

05 DATE OF ENTRY (DD/MM/YYYY)

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

07 EMPLOYEE GROUP

--	--

09 EMPLOYEE CNIC NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11 DATE OF ENTRY INTO GOVERNMENT SERVICE (DD/MM/YYYY)

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

06 CURRENT GOVERNMENT

--	--

08 EMPLOYEE GRADE (SUB GROUP)

--	--

10 DOB (DD/MM/YYYY)

		/			/							
--	--	---	--	--	---	--	--	--	--	--	--	--

12 REASON FOR ACTION

--	--

PERSONAL DATA - INFO TYPE 0002

13 TITLE ☐ Mr. ☐ Miss ☐ Ms. ☐ Mrs.

14 LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15 FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

16 FATHER / HUSBAND NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

17 DISTRICT OF DOMICILE

18 MARITAL STATUS

19 CITY OF BIRTH

20 DATE OF MARRIAGE (IF APPLICABLE)

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

21 PROVINCE OF DOMICILE

--	--

22 NO. OF DEPENDENTS

--	--

23 NATIONALITY

24 RELIGION

ORGANIZATIONAL ASSIGNMENT - INFO TYPE 0001

25 DDO CODE (COST CENTER)

--	--	--	--	--	--

27 DISTRICT (SUB AREA)

--	--

29 POSITION

☐ GAZETTED ☐ NON- GAZETTED

30 DESIGNATION

32 FUND SECTION

--	--	--

34 BUCKLE NUMBER (IF ANY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

26 DDO CODE (FUND CENTER)

--	--	--	--	--	--

28 CONTRACT GOVERNMENT

☐ Sindh Government ☐ Punjab Government
☐ Federal Government ☐ KPK Government
☐ AJK Government ☐ Baluchistan Government

31 MINISTRY (ORGANIZATIONAL UNIT)

--	--	--	--	--	--	--	--

33 PAYROLL SECTION

--	--	--

CREATE DATA SPECIFICATION - INFO TYPE 0041

68 DATE APPOINTED AS GAZETTED OFFICER (DD/MM/YYYY)

			/				/				
--	--	--	---	--	--	--	---	--	--	--	--

69 SUSPENSION DATE

			/				/				
--	--	--	---	--	--	--	---	--	--	--	--

70 EXPIRY OF AD HOC / CONTRACT DATE

			/				/				
--	--	--	---	--	--	--	---	--	--	--	--

INTERNAL DATA - INFO TYPE 0032

71 PREVIOUS PERSONNEL NUMBER (IF ANY)

--	--	--	--	--	--	--	--	--	--

72 NATIONAL TAX NUMBER (NTN)

								--	
--	--	--	--	--	--	--	--	----	--

73 LEAVE WITHOUT PAY

--	--	--

74 CASH CENTER _____

75 FAMILY INFORMATION - INFO TYPE 0021

SR. NO.	RELATION	FIRST NAME	LAST NAME	NOMINEE	DATE OF BIRTH	NATIONALITY	% AGE OF SHARE	EMP. TYPE	OTHER NATIONALITY
1									
2									
3									
4									

76 RECURRING PAYMENTS (ALLOWANCES) - INFO TYPE 0014

WAGE TYPE	DESCRIPTION	AMOUNT

WAGE TYPE	DESCRIPTION	AMOUNT

77 RECURRING PAYMENTS (DEDUCTIONS) - INFO TYPE 0014

WAGE TYPE	DESCRIPTION	AMOUNT

WAGE TYPE	DESCRIPTION	AMOUNT

PAYROLL STATUS - INFO TYPE 003

78 SALARY STATUS

☐

Start Payment

☐

Stop Payment

CNIC: _____

EDUCATION AND QUALIFICATIONS

A ACADEMIC EDUCATION - INFOTYPE 0022

SR.	INSTITUTE	DESCRIPTION OF EDUCATION	DATE OBTAINED	MARKS/GRADE
1				
2				
3				

B PROFESSIONAL QUALIFICATIONS - INFOTYPE 0024

SR.	INSTITUTE	DESCRIPTION OF EDUCATION	DATE OBTAINED	MARKS/GRADE
1				
2				
3				

Prepared By

Audited/Checked By

Entered/Verified By

Employee Signature

REQUIRED DOCUMENTS:

Please attach copies of all these documents duly attested by Drawing & Disbursing officer with official by name stamp.

Sr.	Documents/Papers Required	Attached	
		Yes	No
1.	Attested copies of (i) CNIC and (ii) Domicile / PRC.		
2.	Copy of Advertisement / Newspaper cutting with name of Newspapers and date of publication (In case of Fresh / Disabled quota).		
3.	Result of the Examination. (FPSC, SPSC, NTS etc.)		
4.	Offer of appointment / Order of Appointment		
5.	Posting order		
6.	Duty joining report & Charge assumption report		
7.	Medical Fitness Certificate (In Original along with photocopy)		
8.	Vacancy Position dully verified with FD budget.		
9.	List dully signed by concerned Administrative Secretary for creation of new SAP ID (for fresh / Disable quota appointment).		
10.	Summary of appointment (Showing name of appointee) dully approved by the Chief Secretary (In case of deceased quota appointment).		
11.	Approval of District / Department Recruitment Committee (DRC).		
12.	No objection certificate. (When applied through proper channel)		
13.	i) FRC issued by NADRA, ii) Obituary and iii) Heir-ship Certificate (in case of appointment made on deceased quota).		
14.	Death certificate of deceased employ issued by NADRA/Union Council (in case of appointment made on deceased quota).		
15.	Attested copy of PPO / L.P.C / Pension Pay slip showing SAP ID of deceased employee whose legal heir has been appointed (In case of deceased quota appointment).		
16.	Attested copies of (i) Matriculation, (ii) Intermediate, (iii) Graduation and (iv) Master's Degree (Where applicable).		
17.	Copies of passed manual bill(s), Cheques (For old/time barred appointment)		
18.	Age relaxation order (In case of over aged appointment)		
19.	Certificate that the official is not appointed in Ban Period. (Where applicable)		
20.	Relieving / Resignation letter from previous job. (Where applicable)		
21.			
22.			
23.			
24.			
25.			

Drawing & Disbursing Officer

By Name Stamp:

Date: _____



**PAYROLL SYSTEM
AMENDMENT FORM
MULTIPLE EMPLOYEE ENTRY**

FORM: PAY03

Date: __/__/20__

Page No. _____

OFFICE OF THE _____

FOR THE MONTH OF _____ / 20__

DDO Code
(Cost Center)

--	--	--	--	--	--

Description: _____

Employees' Details										Info Type	General Data Change		Change in Payments/Deductions										Sto p Sal.	Effective Date	Remarks	
Sr.	Personnel No.								Name		Field ID	New Contents	Wage Type				Amount in Rupees									

Prepared By

Audited / Checked By

Entered / Verified By

پیشتر انگلیوں اور انگوٹھوں کے نشانات

نام پیشتر _____ ولد / بنت / زوجیت _____ عہدہ _____

پیشتر پرسنل نمبر (جاری برائے کمپیوٹر سلف) _____

دایاں ہاتھ (Right Hand)

چھوٹی انگلی	انگوٹھی والی انگلی	درمیانی انگلی	شہادت کی انگلی	انگوٹھا

بایاں ہاتھ (Left Hand)

چھوٹی انگلی	انگوٹھی والی انگلی	درمیانی انگلی	شہادت کی انگلی	انگوٹھا

ادارے کا نام (جہاں پیشتر ریٹائرڈ ہوا / ہوئی) _____ دستخط _____

پیشتر کا موبائل نمبر _____ شناختی کارڈ نمبر _____

﴿ تصدیق نامہ ﴾

گواہ

میں مسمیٰ / مسماں _____ ولد / بنت / زوجیت _____

متعلقہ ادارے میں بطور _____ ملازم ہوں اور گواہی دیتا / دیتی ہوں کہ میں مسمیٰ / مسماں _____

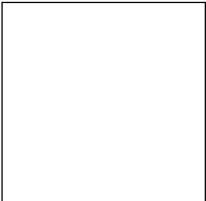
ولد / بنت / زوجیت _____ کو ذاتی طور پر جانتا / جانتی ہوں جو کے متعلقہ ادارے میں بطور _____

ملازم تھے / تھی جو کہ مورخہ _____ انہوں نے میری موجودگی میں اور میرے سامنے / روبرو مندرجہ بالا

انگلیوں کے نشانات اور دستخط کئے ہیں۔

نام گواہ _____ ولدیت _____ دستخط _____

شناختی کارڈ نمبر _____ موبائل نمبر _____ انگوٹھے کا نشان گواہ: _____



ACCOUNTANT GENERAL SINDH
OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT
Pensioner's Information (To be filled in by the Pensioner)

PPO No.	
SAP Personnel No.	
Accounts Office (From where PPO originally issued)	
Name of Pensioner	
Father/Husband Name	
Family Pensioner Name	
Spouse/Father/Mother Name	
Pensioner NIC Old Number	
Pensioner CNIC Number	
Family Pensioner CNIC Number	
Residential Address (Current)	
Residential Address (Permanent)	
Designation & Grade at the time of Retirement	
Ministry / Division / Dept. /Office	
Present NBP Address & Code No.	
<p>I hereby opt to draw pension through direct credit system and have also submitted *Indemnity Bond to the bank. *The Pensioner shall produce an Indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her Pension Account. The pensioner would further undertake that his/her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his/her Pension Account either in full or in installments (as agreed mutually) equal to such excess amount.</p>	
<p>(Pensioner's Signature/Thumb Impression) Dated: _____</p>	

Account Verification (To be verified by the Bank)

Account Title (Name)	
Account No.	
Branch Name/Address	
Branch Code	
Indemnity Bond/Lien submitted by the Pensioner	

Signature/Stamp of Bank Manager

To be issued by Accounts Office

Acknowledgement Receipt No. _____

Signature of Officer: _____

Date: _____

INDEMNITY BOND

To

The Manager,

_____ (Name of Bank)

_____ (Branch)

_____ (City)

In compliance with the SBP's instructions for payment of pension through your Bank Branch I agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Account. I further undertake that my legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my Pension Account either in full or in installments equal to such excess amount.

**Co-Indemnifier/Nominee/Successor/
Next of Kin**

Name: _____

CNIC: _____

Address: _____

Signature: _____

Pensioner

Name of Pensioner: _____

Date of Retirement: _____

PPO No: _____

Bank Account No: _____

CNIC: _____

Signature: _____

Witness -1

CNIC: _____

Signature: _____

Date: _____

Witness-2

CNIC: _____

Signature: _____

Date: _____

**PERMANENT GP FUND ADVANCE FORM**

OFFICE OF THE _____
FOR THE MONTH OF _____/20 _____

DDO CODE: (Cost Center)	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div></div>	DESCRIPTION: _____
PERSONNEL NO.	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	EMPLOYEE NAME _____
CNIC:	<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div>--</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	BPS: <div style="border: 1px solid black; width: 20px; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div></div>
DESIGNATION: _____	PERIOD OF SERVICE: _____	OLD GP FUND ACCOUNT NO. _____

PERMANENT LOAN DETAILS:

DATE OF PERMANENT LOAN: <div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div>//</div><div></div><div></div><div>//</div><div></div><div></div><div></div><div></div></div>	TOTAL AMOUNT: _____
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">NON-REFUNDABLE PERCENTAGE OF GP FUND BALANCE:</div><div style="width: 35%;"><div style="display: flex; align-items: center; margin-bottom: 5px;"><input type="checkbox"/> 80%</div><div style="display: flex; align-items: center; margin-bottom: 5px;"><input type="checkbox"/> 100%</div><div style="display: flex; align-items: center;"><input type="checkbox"/> Other</div></div></div>	
DATE OF BIRTH: <div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div>//</div><div></div><div></div><div>//</div><div></div><div></div><div></div><div></div></div>	DATE OF APPOINTMENT: <div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div>//</div><div></div><div></div><div>//</div><div></div><div></div><div></div><div></div></div>

Employee Specimen Signature

1 _____

2 _____

3 _____

Prepared By_____
Audited/Checked By_____
Entered/Verified By



OFFICE OF THE

FOR THE MONTH OF _____ /20

TEMPORARY LOAN DETAILS:Employee Specimen Signature

3

Prepared By

Audited/Checked By

Entered/Verified By