

Prepared By

F	ORM:	PAY02	
Date:		_/20	

Entered / Verified By

Contract of the last													Page No.
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OR TI	HE MONT	H OF	_ / 20										
DDO co Cost Cer			Descripti	on:									
Personr	: L		Em Nar	oloyee ne:								National <u>Card Nu</u>	
Grade (I Scale G	Pay roup)											Salary Status:	Start Stop
Info		General Data Change	(Change	in Pa	ymeı	nts/De	ducti	ons				
Туре	Field ID	New Contents	Wa	ge Typ	е		Am	ount i	n Rup	ees	ı	Effective Date	Remarks

Audited / Checked By



OFFICE OF THE ACCOUNTANT GENERAL SINDH

VENDOR CREATION FORM

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											Acc	count:							
Section:																			
Name of Vend	dor:																		
Cost center:														ı					
Category:		DDO	$^{\perp}$ C							Go	vt. Se	rvant				Rtd	. Gov	t. Ser	vant
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		Gov	rt. In	stitu	tion						hers								
SEARCH TE	ERM:																		
Govt. Employ																			
Personnel Nu	mber:																		
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CNIC Numbe	r:																		
Supplier/Con	tract	<u>or</u>			•	ı			•				•	,					
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Vendor																			
Vendor Create	ed By	:											Date	d:					

Employee Master File Creation Form

FORM: PAY01



(Applicable for both Payro	oll and G	SP Fund)
		EMPLOYEE ID (TO BE ASSIGNED BY OFFICE)
01 OFFICE OF THE		
02 FOR THE MONTH OF/20		
03 DDO CODE: (Cost Center) Descrip	ption:	
PERSONNEL ACTIONS - INFO TYPE 00		
05 DATE OF ENTRY (DD/MM/YYYY)		06 CURRENT GOVERNMENT
07 EMPLOYEE GROUP		08 EMPLOYEE GRADE (SUB GROUP)
U L L 09 EMPLOYEE CNIC NUMBER		L L L 10 DOB (DD/MM/YYYY)
11 DATE OF ENTRY INTO GOVERNMENT SERVICE (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
40 CITY OF DIDTH		20 DATE OF MARRIAGE (IF ARRIVED IN
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)		26 DDO CODE (FUND CENTER)
27 DISTRICT (SUB AREA)		28 CONTRACT GOVERNMENT
		☐ Sindh Government ☐ Punjab Government
29 POSITION		☐ Federal Government ☐ KPK Government
☐ GAZETTED ☐ NON- GAZETTED		□ AJK Government □ Baluchistan Government
30 DESIGNATION		31 MINISTRY (ORGANIZATIONAL UNIT)
22 FUND SECTION		DAYPOLL SECTION
32 FUND SECTION		33 PAYROLL SECTION
L L L L 34 BUCKLE NUMBER (IF ANY)		

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REQUIRED DOCUMENTS:

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

C.	Atta	ched	
Sr.	Documents/Papers Required	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.			
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	Drawing & Disbursing Officer	
By N	Name Stamp: Date:	



F	ORM:	PAY03
Date:	/	_/20

	No.				_																	Paç	ge No
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Prepared By Audited / Checked By

Entered / Verified By

پینشنر رانگلیوں اور انگو ٹھوں کے نشانات

ام پینشنر	ولد / بنت / زوج	يت	عبده	
ینشنر پرسنل نمبر (جاری بر ا	ئے کمپیوٹر ساپ)			
ght Hand) دایال ہاتھ	(Ri			
حچيوڻي انگلي	انگو تھی والی انگلی	در میانی انگلی	شہادت کی انگلی	ائگو ٹھا
إيال ہاتھ (Left Hand				
چھوٹی انگلی	انگو تھی والی انگلی	در میانی انگلی	شهادت کی انگلی	انگوٹھا
دارے کانام (جہاں پینشنر ریڑ	ا پائر ڈہوا/ہوئی)		وستخط	
ينشنر كاموبائل نمبر	شاختی کا	رڈ نمبر		
گو اه		< تصديق نامه ≻		
بین مسمی / مسات		ولد / بنت / زو	بيت	
ستعلقہ ادارے میں بطور 		۔ ملازم ہوں اور گواہی دیتا/ دیج) ہوں کہ میں مسمی /مسمات 	
ولد / بنت /زوجیت) ہوں جو کے متعلقہ ادارے میں بط	
لازم تھے/تھی جو کہ مور خہ _ے	کوریٹا	ئرُ ڈ ہوئے / ہوئیں۔انہوں _	نے میری موجو دگی میں اور میرے س	بامنے /روبرومندرجہ بالا
نگلیوں کے نشانات اور دستخط۔	کئے ہیں۔			
ام گواه نند		ری ت	د ستخط	1
شاختی کارڈ نمبر	•	وبائل نمبر	انگوٹھے کانش	نان گواه:

ACCOUNTANT GENERAL SINDH

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

		<u>, , , , , , , , , , , , , , , , , , , </u>
PPO No.		
SAP Personnel No.		
Accounts Office (From where PPO ori	ginally 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	f Retirement	
Ministry / Division / Dept. /Office		
Present NBP Address & Code No		
*The Pensioner shall produce an Indemnity mark-up of his/her Pension Account. The p	Bond to keep the ba	system and have also submitted *Indemnity Bond to the bank, ank indemnified about liabilities with all sums of money whatsoever including ner undertake that his/her legal heirs, successors, executors shall be liable to unt either in full or in installments (as agreed mutually) equal to such excess
(Pensi	oner's Signatu	re/Thumb Impression) Dated:
Acco	unt Verification	n (To be verified by the Bank)
Account Title (Name)		
Account No.		
Branch Name/Address		
Branch Code		
Indemnity Bond/Lien submitted by the Pensioner		
		amp of Bank Manager d by Accounts Office
Acknowledgement Deseit Ne		
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 pa	ayment of pension through your Bank Branch I agree												
to indemnify you and keep you indemni-	fied 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 ex	ccess amount, if any, credited to my Pension Accoun												
either in full or in installments equal to such exc	eess amount.												
Co-Indemnifier/Nominee/Successor/ Next of Kin	<u>Pensioner</u>												
Name:	Name of Pensioner:												
CNIC:	Date of Retirement:												
Address:	PPO No:												
	Bank Account No:												
Signature:	CNIC:												
	Signature:												
<u>Witness –1</u>	Witness-2												
CNIC:	CNIC:												
Signature:	_ Signature:												

Date: ______ Date: _____

FORM: PAY06



PERMANENT GP FUND ADVANCE FORM

OFFICE OF THE			
FOR THE MONTH OF	/20		
DDO CODE: (Cost Center)	DESCRIPTION:	EMPLOYEE	
PERSONNEL NO.		NAME	
CNIC:			BPS:
DESIGNATION:		ERIOD OF SERVICE:	OLD GP FUND ACCOUNT NO
PERMANENT LOAN DETAILS:			
DATE OF PERMANENT LOAN:			TOTAL AMOUNT:
NON-REFUNDABLE PERCENTAGE OF GP	□ 80% □ 100%		
FUND BALANCE:	□ Other		
DATE OF BIRTH: //		DATE OF APPOINTMENT:	
			Employee Specimen Signature
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Prepared By	Audited/Checked By	Entered/Verified E	
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FORM: PAY05



TEMPORARY GP FUND LOAN / ADVANCE FORM

OFFICE	OF	THE	_																			_
FOR TH	HE M	ONTI	н <u>о</u>	F					/20													
DDO CODE: (Cost Center)							DES	CRIP	TION	:												
PERSONNEL	Г									EMPL NAME												_
CNIC:																BPS	:					_
DESIGNATION	:									ERIOD SERVI							O GP F					_
TEMPORARY L	LOAN	DETA	ILS:																			
LOAN CODE:					DESC	CRIP	TION:					AP	PRO	VAL [DATE DAN:					// _		<u>—</u>
LOAN CONDIT	TION:	_ _		VITH VITH				Т	LOA	N INTE	REST:			<u></u> %	PER	REFUNI CENTA ND BAI	GE OF			50% 80%		
PRIN	ICIPA	L																				
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