



**OFFICE OF THE DEAN/ CHIEF EXECUTIVE OFFICER
NOWSHERA MEDICAL COLLEGE/ MTI NOWSHERA, KPK, PAKISTAN**



**APPLICATION FORM FOR DRAWL OF TEMPORARY ADVANCE FROM THE
CONTRIBUTORY PROVIDENT FUND (CPF)**

1. Name and Designation: _____
2. Father's Name: _____
3. Department/Office: _____
4. CP Fund Account No. (Folio No) _____
5. CNIC No: _____
6. Amount/Balance available in the CP Fund Account: _____
7. Amount of advance applied for: _____
8. Number of installments in which the advance applied for _____
9. Monthly rate/installment to be recovered: _____

I declare that all the particulars stated above are correct to the best of my knowledge and belief.

Dated: _____ applicant signature: _____

The amount stated above is hereby sanctioned.

Dated: _____ Signature: _____

(Sanctioning Authority/DDO)

Stamp _____

Bank Details:

1. Bank Name: _____
2. Branch Name: _____
3. Branch code: _____
4. IBAN No. _____

Documents required:

1. Balance sheet from NBP
2. CNIC copy
3. Redemption form
4. Any other