



**OFFICE OF THE HOSPITAL DIRECTOR**  
QAZI HUSSAIN AHMAD MEDICAL COMPLEX/MTI, NOWSHERA



**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: \_\_\_\_\_

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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
5. Income tax certificate last 03 years