

APPLICATION FOR INTEREST FREE WELFARE LOAN – AU EMPLOYEES

Name: _____ Employee ID: _____ Date of Joining _____
Deptt: _____ CNIC No. _____ Cell No. _____
Required Loan Amount. _____ Residential Address: _____

Reason for Loan Application:

Marriage of Daughter Medical Treatment
Death case in Family Education

Any other _____
(Construction / Renovation / Repair of House is not allowed)

Date: _____ Sig of Applicant: _____

Remarks by HoD:

Date: _____ Signature: _____

Remarks by Dir HR:

Date: _____ Signature: _____

Action by Directorate of Finance

Required Loan Amount: _____ Net Salary Drawn (pm): _____

Already Taken Loan History:

CP Fund Loan: _____ Welfare Loan: _____

Loan Limit Balance: _____ CP Fund Balance: _____

Relevant documents/evidences are attached

Date: _____ Signature: _____

Remarks by Dir Finance:

Date: _____ Signature: _____

Approved / Not Approved

Date: _____ Signature: _____

Used by Directorate of Finance

Payment of Rs _____ /-made vide cheque No _____ dated _____

Recovery @ _____ per month w.e.f _____.

(Acct Asst – Payments)

(AO – Payroll)

(DD – Finance)