

## Check List

The following attested documents are required for newly appointed Doctors/ Officer of KEMU for the purpose of online & manual salary.

### Basic & Clinical Departments:-

| Sr. No | Detail of Documents  | Remarks |
|--------|--|---------|
| 1.     | Attendance Certificate   |         |
| 2.     | Copy of Pay bill   |         |
| 3.     | Payroll Data form  |         |
| 4.     | Offer of the appointment   |         |
| 5.     | Joining Report   |         |
| 6.     | Office Order from Vice Chancellor  |         |
| 7.     | Take Over charge report  |         |
| 8.     | Certificate of Government Accommodation  |         |
| 9.     | Certificate of Specimen Signatures   |         |
| 10.    | Affidavit of NPA on 100 rupees stamp paper duly attested by notary public                  |         |
| 11.    | Affidavit of transfer for the Place of posting. stamp paper duly attested by notary public |         |
| 12.    | Certificate of NPA to R.A  |         |
| 13.    | Certificate of Teaching Allowance to R.A   |         |
| 14.    | Certificate of Teaching Allowance to A.G Punjab  |         |
| 15.    | Certificate of Incentive Allowance   |         |
| 16.    | Certificate of Anesthesia Allowance (if applicable)  |         |
| 17.    | Medical Certificate  |         |
| 18.    | Copy of CNIC   |         |
| 19.    | Copy of Cheque or bank deposit slip  |         |
| 20.    | Pay slip issued from R.A   |         |
| 21.    | All terminal degree verified from HR   |         |
| 22.    | Checked and verified   |         |

No. \_\_\_\_\_ / 19

Dated: \_\_\_\_\_ / 2019.

From

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To

*The Vice Chancellor,  
King Edward Medical University,  
Lahore.*

Subject:- ATTENDANCE CERTIFICATE

Certified that Dr. \_\_\_\_\_

worked as \_\_\_\_\_ in the department of

\_\_\_\_\_ King Edward Medical University,

Lahore from \_\_\_\_\_ to \_\_\_\_\_.

*It is requested that the Salary/stipend for above mentioned  
period may kindly be allowed to him/her and oblige.*

*Thanking you.*

*Yours sincerely,*

Dr. \_\_\_\_\_

*Substituted  
Associate/Assistant Prof.  
If Head of Department is not  
available*

*Signature of Head of the  
Department*

*Stamp*

*Signature of the Substituted  
Stamp*

①

No: \_\_\_\_\_

Dated: \_\_\_\_\_

Issued: \_\_\_\_\_

# PAY OF GAZETTED STAFF

King Edward Medical University, Lahore

Name of the Government Servant/Trainee \_\_\_\_\_

Designation \_\_\_\_\_ Department \_\_\_\_\_

P. No. \_\_\_\_\_ Year \_\_\_\_\_ Rate \_\_\_\_\_ CNIC \_\_\_\_\_

NTM NO. \_\_\_\_\_ Contact Yes/ No \_\_\_\_\_

Vide No \_\_\_\_\_ Date: \_\_\_\_\_

| Period of claim From :     |                                 |              |  |
|----------------------------|---------------------------------|--------------|--|
| <b>BASIC SALARY</b>        |                                 |              |  |
| A01101                     | Basic Pay of Officer            |              |  |
| A01102                     | Personal Pay of Officer         |              |  |
| A01106                     | Pay of Contract Officer         |              |  |
| A06102                     | Scholarship-Stipend             |              |  |
| <b>REGULAR ALLOWANCE</b>   |                                 |              |  |
| A01202                     | House Rent Allowance            |              |  |
| A01217                     | Medical Allowance               |              |  |
| A01203 cx                  | Conveyance Allowance            |              |  |
| A0120x                     | Adhoc Relieve Allowance – 2010  |              |  |
|                            | Health Professional Allowance   |              |  |
|                            | Adhoc Rel. Allowance-2016 (10%) |              |  |
|                            | Special Health Care Allowance   |              |  |
| A01224                     | Entertainment Allowance         |              |  |
| A01201                     | Senior Post Allowance           |              |  |
| A01216                     | Qualification Allowance         |              |  |
| A01250                     | Incentive Allowance             |              |  |
| A01253                     | Science Teaching Allowance      |              |  |
| A04115                     | Social Security Benefit         |              |  |
| A01239                     | Special Allowance               |              |  |
| A01252                     | Non Practicing Allowance        |              |  |
| A01254                     | Anaesthesia Allowance           |              |  |
| G06103                     | Advance G. P. Fund              |              |  |
| <b>OTHER ALLOWANCE</b>     |                                 |              |  |
| A01284                     | Dean/Head Ship Allowance        |              |  |
| A01274                     | Medical Charges                 |              |  |
| A01278                     | Leave Salary                    |              |  |
| A04114                     | Leave Encashment                |              |  |
| <b>GROSS CLAIM</b>         |                                 | <b>TOTAL</b> |  |
| <b>*DEDUCTION</b>          |                                 |              |  |
| G06103                     | General Provident Fund          |              |  |
| G06214                     | Benevolent Fund                 |              |  |
| G05408                     | Group Insurance                 |              |  |
| G12713                     | Income Tax                      |              |  |
| G11278                     | Contribution to PGSHF           |              |  |
| G027062                    | House Rent Deduction 5%         |              |  |
| <b>Total Deductions</b>    |                                 | <b>TOTAL</b> |  |
| <b>Net Claim (on Ward)</b> |                                 |              |  |

PAYMENT APPROVED

Name of Officer. \_\_\_\_\_

Bill # \_\_\_\_\_ Dated: \_\_\_\_\_

Designation \_\_\_\_\_

Pay Rs. \_\_\_\_\_

Department \_\_\_\_\_

Rupees in words \_\_\_\_\_

RESIDENT AUDITOR

SIGNATURE

**PAYROLL DATA FORM**  
 Computer Centre, Treasurer Office,  
 King Edward Medical University, Lahore



1. Name

2. Father's Name

3. Designation \_\_\_\_\_ Design Code:

4. Department \_\_\_\_\_ Dept Code:

5. BS:   Service Type  Permanent  Temporary  Contract

6. Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Res. Phone No. \_\_\_\_\_ Mobile: \_\_\_\_\_

8. Office Order No: \_\_\_\_\_ Dated: \_\_\_\_\_

For Official use  
Computer No.

9. Date of Birth

Date of Appointment

To -Date

10. Gender:  M  F Religion:

11. CNIC No:       -       -

12. Bank Code:   Bank Name: \_\_\_\_\_

13. Branch Code:     Branch Name: \_\_\_\_\_

14. Bank Account:

| Pay of Allowances |             |        | Deductions   |             |        |
|-------------------|-------------|--------|--------------|-------------|--------|
| Code              | Description | Amount | Code         | Description | Amount |
|                   |             |        |              |             |        |
|                   |             |        |              |             |        |
|                   |             |        |              |             |        |
|                   |             |        |              |             |        |
|                   |             |        |              |             |        |
|                   |             |        |              |             |        |
|                   |             |        |              |             |        |
|                   |             |        |              |             |        |
|                   |             |        |              |             |        |
| <b>Total</b>      |             |        | <b>Total</b> |             |        |

Signature of Employee \_\_\_\_\_ Asstt. Dir HR \_\_\_\_\_ Drawing and Disbursing Officer \_\_\_\_\_ Resident Auditor \_\_\_\_\_

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