

Check List

Monthly Attendance

Following documents are required for employees of PGR
,KEMU, LAHORE

This is certified that Dr. _____ PGR in the Department
of _____ has initial draw his/her Stipend for the month of ----- manual

Sr. No	Detail of Documents	Page No	Remarks
1.	Attendance certificate	01	
2.	Pay Bill	02	
3.	Joining Report	03	
4.	Office Order	04	
5.	Paid order	05	
6.	Certificate of NPA if New Appointment 50 rupees stamp paper duly attested by notary public	06	
7.	Specimen	07	
8.	Checked and verified		

Check List

For Employees of Pay Roll Data Form

Dr. _____ (PGR) , KEMU, LAHORE

Sr. No	Detail of Documents	Page No	Remarks
1.	Pay Roll Data Form	01	
2.	Joining Report	02	
3.	Office Order	03	
4.	Paid order	04	
5.	Copy of CNIC	05	
6.	Copy of Bank Deposit Slip or photo copy of cheque	06	
7.	Any other documents	07	
8.	Checked and verified		

AFFIDAVIT

It is hereby certified that I, -----S/O,D/O,W/O -----
bearing CNIC----- appointed as a PG Trainee in King
Edward Medical University, Lahore Vide No----- Dated-----
----- is neither indulged in Private Practice nor have any such
intention. Thus, I may be allowed to draw N.P.A as admissible under
the rules.

Signature

Name of Application: _____

Father's Name: _____

Designation: _____

Specimen Signature ofS/O,D/O,W/o
..... working as Postgraduate Trainee in as
....., Department, /King Edward Medical
University, Lahore.

Specimen Signature

- 1.
- 2.
- 3.

Attested

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 :			
BASIC SALARY			
A01101	Basic Pay of Officer		
A01102	Personal Pay of Officer		
A01106	Pay of Contract Officer		
A06102	Scholarship-Stipend		
REGULAR ALLOWANCE			
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		
OTHER ALLOWANCE			
A01284	Dean/Head Ship Allowance		
A01274	Medical Charges		
A01278	Leave Salary		
A04114	Leave Encashment		
GROSS CLAIM		TOTAL	
*DEDUCTION			
G06103	General Provident Fund		
G06214	Benevolent Fund		
G05408	Group Insurance		
G12713	Income Tax		
G11278	Contribution to PGSHF		
G027062	House Rent Deduction 5%		
Total Deductions		TOTAL	
Net Claim (on Ward)			

PAYMENT APPROVED

Name of Officer: _____

Bill # _____ Dated: _____

Designation _____

Pay Rs. _____

Department _____

Rupees in words _____

RESIDENT AUDITOR

SIGNATURE

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*

