

MEHRAN UNIVERSITY OF ENGINEERING & TECHNOLOGY, JAMSHORO

APPLICATION FOR WELFARE FUND & BANK OVER DRAFT (O.D) SUBSTITUTE LAON

W.F	<input type="checkbox"/>
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O.D	<input type="checkbox"/>
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APPLICATION FORM

Name of Applicant _____ F / H Name _____

Designation _____ BPS _____ Department _____

Date of Birth _____ Date of Appointment _____ A/c No. _____

Cell No. _____ PBX /Ext _____ Email _____

Basic Pay _____ Gross Salary P/M _____ Net Salary P/M _____

Purpose for applying the loan _____

Signature of Applicant _____

Dated _____

Recommendations from the Director/ Chairman / Sectional Head:

It is recommended that the request of the applicant is genuine, his/her request may be entertained for House Repair & Maintenance/ Purchase of Motor cycle loan.

Signature & stamp _____

Director/ Chairman / Sectional Head:

Dated _____

Accounts Officer
Employees Welfare Cell

Coordinator
Employees Welfare Cell

RECEIPT

W.F	<input type="checkbox"/>
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O.D	<input type="checkbox"/>
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Name of Applicant _____ F / H Name _____

Designation _____ BPS _____ Department _____

Received By: _____ Signature & Date _____