

PAKISTAN ATOMIC ENERGY COMMISSION FOUNDATION
P.O BOX NO. 216,
ISLAMABAD

Application for Interest Free Loan for Genuine Needs

(For In-service employees Pay-Scale 1 to 11.)

(PART- I)

1. Applicant's Name: _____
(Block letters)

2(a) PIN: _____ 2(b) CNIC# _____ - _____ - _____

3. Designation: _____ 4. Project/Establishment _____

5(a) Pay-Scale _____ 5(b) Basic Pay at the time of application Rs. _____

6. Date of Superannuation / Termination of Contract: _____

7. CFP contribution Date: _____
(Month & Year)

8(a). Availed any grant / loan from Foundation?

Yes No

8(b) If yes, give detail. _____

(Mention amount and date)

9. Purpose of Loan: Medical Other

9(a) Specify other purposes _____

- For Medical Purposes please fill Part II (A).

- For other Purposes please fill Part II (B).

10. Any loan from other sources: Yes No

11. If Yes, specify the source:

GPF HBA EWF

Bank Private Other

Principle Amount: Rs. _____ Sanctioning Date: _____

Monthly Installments: Rs. _____ No. of Installments left: _____

12. Declaration by the Applicant.

I declare that I have been informed / read the terms & conditions of the scheme and I solemnly declare that the above information is true to the best of my knowledge and belief.

Date: _____

Signature of the applicant with contact #

13. Endorsement from Head of Administration.

The information given by the applicant is verified.

Date: _____

(Signature & Stamp)

14. Recommendation of Head of Establishment.

The information given by the applicant is verified.

Date: _____

(Signature & Stamp)

INTEREST FREE LOAN FOR GENUINE NEEDS

TERMS & CONDITIONS

LOAN AMOUNT:

- Rs. 150,000/- for in-service employees in *Pay-Scale* 1-7
- Rs. 300,000/- for in-service employees in *Pay-Scale* 8-11

RATE OF RECOVERY:

- 25 installments @ Rs. 6,000 per month for Rs. 150,000/- loan
- 25 installments @ Rs. 12,000 per month for Rs. 300,000/- loan

The amount and number of installments are adjustable in case superannuation / retirement / Contact Termination falls within the Recovery period.

ELIGIBILITY CRITERIA:

- **10 years** continuous service.
- **5 years** continuous CFP Membership.
- An applicant can apply for second time after **TWO Years of full repayment** of previous loan.
- An applicant can avail this facility upto maximum **3 times** in the entire service

INSTRUCTIONS:

- Application Form **filled-in** by the applicant should be verified / attested by **Head of Establishment** with **dated signatures and stamp**.
- Application should be forwarded **through proper channel**.
- Requests regarding **Hajj / Umrah / Aqiqia** and **Daughter's Marriage** are not acceptable.
- Applications for **events in advance** will NOT be considered.

NOTE: - The Applications failing to fulfill the required criteria will not be entertained.

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(PART- II)

A- MEDICAL TREATMENT / EQUIPMENT / APPARATUS PROVISION

For whom requested: Self Spouse Parent Child Other

Disease / Ailment Diagnosed: _____

Equipment / Apparatus required (If any): _____

Whether covered under NCA Medical Rules? Yes No

DOCUMENTS REQUIRED

- Attested copies of Doctor's prescription, treatment history including Diagnosis report, Admission / Discharge certificates etc. (preferably from PAEC Hospitals).
- Attested copy of prescription of concerned Consultant for medicine / Apparatus / Equipment with make and model.
- Estimated expenditure report like attested copies of cash memos or at-least three quotations regarding apparatus / equipment price etc.
- Dependency certificate regarding parents, children or others in case the applicant is not applying himself / herself.
- Verification by Head Admin that the applicant's case is not covered under NCA Medical Rules.

B- OTHER PURPOSES

Specify the purpose:

Return of Loan Marriage of Dependant Son / Sister

House damage due to Natural Disaster

Any other purpose _____

DOCUMENTS REQUIRED

Common to All Schemes and All Applicants:-

- Attested copy of **1st & 2nd pages of the Service Book** showing his / her personal profile including, dates of joining and superannuation.
- Attested copy of immediate **previous month's pay slip**.
- Attested copy of **CNIC**.
- Certificate (in original) from concerned Head, LAO indicating Month and Year of **Central Financial Pool (CFP) Membership**.
- Signed **Irrevocable authorization for recoveries of loan** from Head LAO with dated signature and stamp.

Additional Documents

A- Return of Bank or other Loans:

- Attested **One Year Bank Statement** of the applicant's personal (**Salary**) Bank account showing principal amount of loan and installments deducted. (If any) Prudential / Loan estimation statements issued by Banks will not be acceptable.
- In case of personal loan, **undertaking detailing the loan amount, period, date and purpose** on plain paper with **clear names, signatures, CNIC Nos., Cell. Nos. of both the lender and the borrower**. The document should be countersigned by the Head (Admin) / Administrator of the concerned Establishment. **The amount should also be reflected in the Bank Statement**.

B- Marriage of Dependant Son / Sister:

- Dependency Certificate from Head (Admin)**
- Attested copy of 'Family **Registration Certificate**' OR "B-Form" issued by NADRA.
- Attested **copy of the Nikah-Nama** indicating date of registration of Nikah with dated Signature and stamp of Nikah *Registrar*.
- Attested **copy of Marriage Registration Certificate issued by NADRA**.

C- House Damage due to Natural Disaster:

- Statement on plain paper clearly mentioning the **extent of damage, address of the damaged house with date and nature of disaster alongwith repair estimates certified by local government official** with his dated signatures and stamp.
- Two photographs of the damaged house** duly verified from local government officials and Head Admin of concerned Project/Establishment.
- Attested copies ownership proof of the damaged property.

D- Any other Purpose:

Certified copies of documents that could fairly establish the genuineness of the case.

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CONSENT OF RECOVERY
IRREVOCABLE AUTHORIZATION FOR RECOVERIES OF LOAN

1. I, _____, has applied to obtain a loan amounting to Rs. _____/- from PAEC Foundation for the purpose of _____.

(Specify purpose,)

2. I undertake to pay back the same in _____ (_____) installments amounting to Rs. _____/- (**Rs _____ thousand _____ only**) per month by deduction from my salary at source starting from 1st _____, 20__ till _____.

3. I **irrevocably authorize** Head LAO / Accounts Officer / Manager (Finance) _____, to carry out above recoveries starting from the above cited date and remit the same to PAEC Foundation. In case of my transfer to any other Establishment, the outstanding installments may be indicated in my LPC and will continue to be deducted at new place of duty.

4. In case of failing to comply with or any procedural default in this regard, I undertake to remit the entire loan amount in lump-sum to the Foundation. I also **Irrevocably authorize** Head, LAO, / Accounts Officer / Manager (Finance) _____ to make recoveries at source from my payable dues immediately for remittance to the PAEC Foundation.

5. In case of my early retirement / resignation / termination of contract / death, stoppage of payment of salary for any reason whatsoever, or on dissociation from service, I **further authorize** PAEC to recover the out-standing dues in lump sum from my pensionary or other payable dues including Gratuity / GPF / CPF and immediately transfer the same to PAEC Foundation.

Dated: _____

(Signature of the Applicant)

Endorsement

As per authorization, of recovery above, an amount of Rs. _____/- p.m will be deducted at source from the salary of Mr. / Mrs. / Dr. _____, _____ on account of recovery of loan of Rs. _____/- and will be remitted to PAEC Foundation by 10th of every month. In case of transfer of officer to any other Establishment, necessary instruction will be passed on to the concerned Head, LAO.

Dated Signature with stamp of the Head LAO