**FORM-1 (Pen)**

**(See Rule-2 of Chapter-V of Wapda Pension Rules, 1977)**

|  |  |
| --- | --- |
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**PENSION PAPERS**

**OF**

1. **Mr/**Mrs/Miss

1. **Retiring Office of Employee**
2. **Retiring Office IOT Code**

**(Alphabet Code)**

1. **Controlling Supervisor Office**

**Code**

1. **Supervisor Office Code**

|  |  |
| --- | --- |
| **Signature**  **Accounts Head**  **With seal** | **Signature**  **Drawing & Disbursing Officer**  **With seal** |

**FORM-1 (Pen)**

**FIRST PAGE**

**PART - 1**

**(To be filled in and signed by the applicant himself)**

**To**

**The MANAGER (A&F) PENSION WAPDA**

**42-BANK SQUARE, THE MALL**

**LAHORE**

Sir,

I have the honour to say that **I have retired**/I have been permitted to retire/am due to retire from WAPDA Service with effect from I, thereof, request that the pension admissible under the rules may kindly be sanctioned to me.

2. I declare that I have neither applied for nor received any pension or commutation for any portion of this service, nor shall submit any application hereafter without quoting a reference to this application and to the order which may be passed on it.

3. Should the amount of the pension and/ or commutation granted to me be afterwards found to be in excess of that to which I am entitled under the rules, I hereby undertake to refund any such excess.

4. I wish to draw my pension from

through ***Centralized Pension Disbursement System WAPDA, Lahore***

*(NEW SOP-2023)*

5. I wish to draw pension @ **65%** percent of my gross pension.

6. I wish to draw commutation value of **35%** of my gross pension.

7. The following documents, duly attested, are enclosed:-

(i) Three specimen signatures of mine.

(ii) Three passport size photographs of mine.

(iii) Two sets of my thumb and finger impression.

**Yours Obedient Servant**

|  |  |
| --- | --- |
| **Countersigned** | **Signature** |
|  |  |
|  | **Post held on the date of retirement** |
| **Signature of Head of Department/Office/**  **Division** |  |
|  | **Postal address:**    **Mobile No. (Mandatory).: \_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
|  |  |
| **Dated:** |  |

**SECOND PAGE**

**PART - II**

**(To be completed by the Office/Department receiving the application for pension)**

**Section (1)**

**(To be completed after receiving the pension application)**

1. Name of applicant
2. Father’s Name
3. Nationality
4. CNIC No.(Mandatory) \_
5. Postal Address
6. Post held on the date of retirement
7. Date of birth of the applicant
8. Height
9. Marks of identification
10. Date of {Commencement of service {Retirement {application for pension
11. Length of service, including interruptions, is

Length of non-qualifying service and interruption is

1. Date of commencement and ending of each spell of military service if, any **Y M D**

From to i.e.

From to i.e.

Total

1. Offices under which service has been rendered in chronological under :-

**Y M D**

Office of From to i.e.

Office of From to i.e.

Office of From to i.e.

Total

1. Class of pension or gratuity applied for
2. (Average) emoluments
3. Proposed ordinary pension
4. Proposed gratuity
5. Place of payment
6. Date from which pension is to commence

**Signature of Head of Office/Department**

**THIRD PAGE**

Section (2) – Calculation of Qualifying Service **Y M D**

Total length of service, including interruptions, Non-qualifying service

From To Period

**Y M D**

(i) Extraordinary leaves - **- -**

(ii) Suspension not treated as duty or as leave

(iii) Periods of break in service

(iv) Service rendered before break, if break is not condoned

(v) Service forfeited by resignation

(vi) Unauthorized absence

Total

Net qualifying service

Add

From To Period

**Y M D**

(i) Period, if any, of Military Service or War Service

Allowed to count for pension

(ii) Benefit of condonation of deficiency in Service

(iii) Any other addition to qualifying service

Total **NIL**

Total qualifying service

**Section (3) - Calculation of Ordinary Pension**

Statement of emoluments during the last 36 months

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Period** | | **Duration in months** | | **Monthly rate of emoluments** | | **Amounts drawn** | |
| **From** | **To** | **M** | **D** | **Rs.** | **Ps.** | **Rs.** | **Ps.** |

The total emoluments for **Month**  months are

|  |  |
| --- | --- |
| Therefore, “average emoluments” work out to | \_\_\_\_\_\_\_\_\_\_\_\_\_Rs.\_\_\_\_\_\_\_\_\_\_1/36 |
| As the length of qualifying service is\_\_\_**\_\_\_** years the amount of gross ordinary pension will be | Rs.\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Less 1/4th (if the applicant comes under the Pension-cum-Gratuity Scheme) | Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Amount of net ordinary pension | Rs.\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Signature of Head of Office/Department**

**FOURTH PAGE**

**Section (4) – Calculation of Gratuity**

Amount of ordinary pension surrendered Rs.

(see Section 3)

**Total amount surrendered** Rs.

Length of qualifying service, Years

Rate of Gratuity for every rupee surrendered Rs.

Lump sum Commutation admissible Rs.

**Countersigned**

**Head of Department/Office/Division**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pension** |  |  |  |
| **A** | **Basic Pay 40200/-** |  |  |
| **B** | **65% amount of Gross Pension** |  |  |
| **C** | **15%+15+7.5+10** |  |  |

**35% Commutation Value**

|  |  |
| --- | --- |
| **a. Date of Birth** |  |
| **b. Date of Retirement** |  |
| **c. Date of Appointment** |  |
| **d. 35% Gross Pension** |  |
| **e. Amount of commutation value** |  |

**FIFTH PAGE**

**Section (5) – Remarks by Head of Office/Division**

**(To be completed only after receiving the pension application)**

1. Character and past conduct of the applicant
2. Remarks regarding any gratuity or pension received by the applicant
3. Specific remarks as to whether the service claimed is established and whether it should be admitted for pension or not **(Pension case established & admitted for pension commutation)**
4. Any other remarks.

**Signature of the**

**Head of the Department/Office/Division**

**Section (6) – Order of the sanctioning Authority**

|  |  |  |
| --- | --- | --- |
| 1 | The undersigned is satisfied that the service of Mr. Has been wholly satisfactory. The grant of full pension and/or gratuity which the Manager Finance concerned may find, to be admissible under the rules is hereby sanctioned. | Please cross-out this paragraph with initials, if full pension is not granted |
|  | **OR** |  |
|  | The undersigned is satisfied that the service of Mr. has not been wholly satisfactory and it has been decided that the full pension and/or gratuity found by the Manager Finance concerned to be admissible under the rules should be reduced by the specific amounts of percentages given below: |  |

Amount or percentage of reduction in pension -

Amount or percentage of reduction in gratuity -

Sanction is hereby accorded to the grant of pension and/or gratuity as so reduced.

2. The payment of pension and / or gratuity may commence from before issuing the pension payment order, the Manager Finance concerned may kindly ascertain whether the Last Pay and No Demand Certificates have been received by him.

In case No Demand Certificate has not been received, the WAPDA employee as soon as he retires or his family in the event of his death before retirement, may be requested to give his/its consent in writing in any amount outstanding against him on the date of retirement/death being recovered from the pension and/or gratuity in lump sum or in monthly installments as before retirement/ death and recoveries made accordingly.

Signature

**Head of Department/Office/Division**

Designation

**SIXTH PAGE**

**PART –III**

**(For use in the Manager Finance (Co-ordination) WAPDA Office)**

|  |  |  |
| --- | --- | --- |
| (I) | The calculations contained in the preceding pages have been checked | **\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| (II) | Length of qualifying service accepted in Accounts Division | **15% 2011**  **7.5% 2015**  **15% 2022**  **17.5% 2023** |
| (III) | Reasons for difference, if any, between this and the length of qualifying service worked out by the Department |  |
| (IV) | Amount of Pension |  |
|  | Reason for discrepancy if any, between this amount and that calculated by the Department |  |
|  | Length of effective service in (**Years)** |  |

NPS……………………………………………………………………………..Years

NPS……………………………………………………………………………..Years

NPS……………………………………………………………………………..Years

NPS……………………………………………………………………………..Years

1. Reason for discrepancy if any, between this amount and that calculated by the Department
2. Amount of lump sum gratuity Rs.
3. Reasons for discrepancy, if any, between this amount and that calculated by the Department
4. The pension will commence from
5. Allocation of the pension and gratuity

Pension Gratuity

1. Office of
2. Office of
3. Office of

Total **/-**

1. Anticipatory pension of Rs. (Rupees ) per month granted with effect from vide P.P.O. No. Dated to be adjusted in final PPO.
2. Amount of original pension commuted Rs.

**Manager (A&F) Pension**

**Wapda, 42-Bank Square, The Mall, Lahore**

1. Checked with the LPC and No Demand Certificate/written consent
2. PPO issued vide No. Dated

**Manager (A&F) Pension**

**Wapda, 42-Bank Square, The Mall, Lahore**

**NO AUDIT PARA CERTIFICATE**

It is certified that as per record of this office no Audit Para is pending against of this office.

**Assistant Manager (A&F)**

**NO DEMAND CERTIFICATE**

Certified that as per record of this office nothing is outstanding against

**Assistant Manager (A&F)**

**NO INQUIRY CERTIFICATE**

Certified that as per record of this office no Inquiry/Disciplinary case is pending against

**Assistant Manager (A&F)**

**LEFT/RIGHT HAND THUMB AND FINGER IMPRESSION**

1. Little Finger 2. Ring Finger

3. Middle Finger 4. Fore Finger

5. Thumb

Name

Designation:

**O/O**

**SPECIMEN SIGNATURE OF**



Signature

Name:

**Designation:**

**G.P.FUND CERTIFICATE**

Certified that I have not received and will not claim any amount from Authority contribution toward G.P.Fund Account#

Name

Designation:

**O/O**

**GRATUITY CERTIFICATE**

Certified that Gratuity under grant of Gratuity Rules-1974 has not been received/claimed and will not claim by the undersigned

Name

Designation:

**O/O**

**NAB/FIA CERTIFICATE**

It is certified that no NAB/FIA case is pending against as per record of this office. This issued on the basis of produced under taking on stamp paper attached in original)

**Deputy Manager (A&F)**

**UNDERTAKING CERTIFICATE**

I undertake that over payment of my pay/arrears and other charges found at any stage may be deducted from my pension within one year after my retirement

Name

Designation:

**O/O**

**OPTION FOR COMMUTATION**

I Designation WAPDA, hereby opt commutation up to 35% of my Gross Pension together with the remaining amount of Net Pension under the Pension Rules.

Name

Designation:

**ATTESTED**

**EXTRA ORDINARY LEAVE CERTIFICATE**

It is certified that of this organization has not availed Extra Ordinary Leave during his entire service period w.e.f. as per Service Statement and Service Book.

**CONSOLIDATED CERTIFICATE**

Service of of this organization from is verified from Service Statement and Service Book. There is no known dis-qualifying spell during his entire service period as per record.

**NON PAYMENT CERTIFICATE**

I hereby declare that I have neither applied for nor received any pension or Gratuity in respect of my portion of pension of Gratuity claimed herein, nor shall I submit an application hereafter without quoting a reference to this application and to the order which may be passed thereon.

**LIST OF FAMILY MEMBERS OF**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr#** | **Name** | **Relationship** | **D.O.B/Age** | **Marital Status** | **Remarks** |
| 1 |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
|  |  |  |  |  |  |

Name

Designation:

**O/O**

**OPTION – PENSION ON LAST PAY DRAWN**

I, Designation , Office of WAPDA, hereby opt for calculation of pension on the basis of last pay drawn.

Name

Designation

**COUNTERSIGNED**

**OPTION – ENCASHMENT OF LPR OR GRANT OF LPR**

I am attaining the age of superannuation on being my date of birth as . I hereby opt for **Encashment of LPR/Grant of LPR (As applicable)** under Rule-12 of WAPDA Employees Leave Rules, 1982

**Signature**

**Name**

**Designation**

**Office**

**OPTION FOR PENSION**

**I,** Designation WAPDA, hereby opt **Cash Medical Allowance after retirement**.

(Note: Option/MF cancellation certificate issued by concerned MS/Incharge of WAPDA Hospital/Dispensary will be required for CMA)

Name

Designation

**ATTESTED**

**CERTIFICATE – RETURN OF OPTION ONE CAR**

It is hereby affirmed that Option-One Car having registration No. \_\_\_\_\_\_\_\_\_ issued in my name has been returned to the Vehicle Owning Office with complete documents on .

Name

Designation

**COUNTERSIGNED**

**Director**

**Transport Directorate**

**COUNTERSIGNED**

**Head of Department**