

## CERTIFICATES

- Certified that I have not received and will not claim any amount from Authority contribution toward G.P.Fund Account#\_\_\_\_\_
- Certified that Gratuity under grant of Gratuity Rules-1974 has not been received/claimed and will not claim by the undersigned
- 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
- I \_\_\_\_\_  
\_Designation\_\_\_\_\_ is hereby opt commutation up to 35% of my Gross Pension together with the remaining amount of Net Pension under the Pension Rules.
- 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.
- I, \_\_\_\_\_  
Designation \_\_\_\_\_, Office of \_\_\_\_\_  
\_is hereby opt for calculation of pension on the basis of last pay drawn.
- 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
- I, \_\_\_\_\_  
\_\_\_\_\_ Designation \_\_\_\_\_, is hereby opt Cash Medical Allowance after retirement. (cancellation certificate attached from MS Wapda Hospital )

Signature

Name \_\_\_\_\_

Designation: \_\_\_\_\_

O/O \_\_\_\_\_

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

Countersigned

Head of Division

With official Stamp