FAZAIA MEDICAL COLLEGE

APPLICATION FOR JOINING CP FUND FACILITY

I_____Son/daughter of_____

Willing to avail the facility of FMC Employee's provident fund. I have read and understand the rules in vogue for the subject fund and undertake to abide by them.

I hereby authorize Finance Dept. to deduct the monthly subscription for the C.P Fund from my salary as per the existing rules.

Full Name: _____

CNIC : _____

Designation: _____

Department: _____

Address (as per CNIC): _____

Date of Joining: _____

Present Salary: _____

CP Fund deduction: _____

(_____)

Signature of the Applicant

(_____)

HR, FMC

_____

Verified by Dir/ Dy. Dir HRM&D-FMC

FAZAIA MEDICAL COLLEGE/ FAZAIA RUTH PFAU MEDICAL COLLEGE

PROFIT WILLINGNESS FORM

CERTIFICATE FOR INVESTMENT OF CP FUND

It is certified that I, _____ S/o / D/o / W/o _____ employed at Fazaia Medical College/ Fazaia Ruth Pfau Medical College as _____, am willing to receive profit on proportionate basis through investment of my CP Fund as per following: -

(a) Interest based schemes (Willing) ☐

(b) Noninterest base scheme(Unwilling) ☐

(c) Shariya Compliance ☐

Date: (_____)
Signature

Note: - Please tick and/ cross the boxes as per your investment plane.

Accounts Officer/ I/C CP Fund

FAZAIA MEDICAL COLLEGE/ FAZAIA RUTH PFAU MEDICAL COLLEGE

NEXT OF KIN NOMINATION FORM

I _____ S/O / D/O / W/O

_____ Designation _____ hereby nominate the person (s) mentioned below, who is /are member (s) of my family as defined in "FMC/FRPMC Employees CP Fund Rules" to receive in the event of my death, the amount that may stand to my credit in the Fund, in a manner shown against his/ their name (s).

I hereby appoint the person (s) named in column 1 to receive payment of CP Fund on the event of my death.

1	2	3
Name & address of the nominee (s)	Relationship with the member	Amount or share of accumulations to be paid to each.(%age)
(i)		
(ii)		

_____ day of _____ 20

Signature of the Applicant

Designation: .....

Address: ...As above.....

Accounts Officer/ I/C CP Fund

Date.....