#### APPLICATION FORM FOR ACQUISITION OF RESIDENTIAL ACCOMMODATION Particulars Of Employee 1. Name 2. Designation / BPS 3. Contract or Regular 4. Office / Posting 5. Address of House To Be Acquired Address Of House Where Free Electricity Supply Facility 6. 7. Marital Status (Single / Married) 8. Contact # 9. Relationship With Owner 10. Date of Acquiring House rent is stopped and not being paid w.e.from 11. Particulars Of Owner 1. Name 2. Address 3. Contact # Following Attested Documents Must Be Provided / Attached Where Necessary: Documents of House 2. Approved map 3. Consent of owner for rent out 4. Affirmation of owner for ownership of the house No objection certificate of owner for assessment / acquisition 5. 6. CNICs of owner and employee Electricity bill of the acquiring house 7. 8. Undertaking / Affirmation of employee 9. Declaration of employee for no official WAPDA/HESCO accommodation 10. Cancellation / de-hiring order in case of new / re-hiring respectively Electricity bill where Free Electricity Supply Facility is being availed by the employee 11. List of dependent family members residing with the employee countersigned by the Controlling Officer 12. 13. Contract extension order, if on contract Posting order and duty joining in Hyderabad & Kotri Departmental permission in case of own purchased / constructed house, if required 15. nt

| Certified as above and recommend  | ed as under by Controlling Officer: | Signature of the Applica |
|---|-------------------------------------|--------------------------|
| As funds are available and the employ<br>may be assessed and sanctioned w.e | , the house                         |                          |
| Stamp   | Signature                           |                          |
| Dated   | Designation                         |                          |

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#### **DECLARATION**

| I do hereby declare that presently       | I have no official WAPDA / I | HESCO accommodation unde |
|--|------------------------------|--------------------------|
| possession.                              |                              |                          |
| Dated:                                   |                              |                          |
|  | Signature                    |                          |
|  | Name                         |                          |
|  | Designation                  |                          |
|  | BPS                          |                          |
|  | Office                       |                          |
| Countersigned by the Controlling Officer |                              |                          |
|  |                              |                          |
| Signature                                |                              |                          |
| Name                                     |                              |                          |
| Stamp                                    |                              |                          |

## NO OBJECTION CERTIFICATE

| , <u> </u>                            | S/D/W/o   |     |
|---------------------------------------|---|-----|
| owner of House #                      |   |     |
| do hereby state that I have no object | tion if the aforesaid house be got assessed and acquired for re | en: |
| purpose by HESCO.                     |   |     |
| Dated:                                |   |     |
|                                       | Signature of Owner  |     |
|                                       | Name  | •   |
|                                       | Address   |     |
|                                       | Contact #   | -   |
| Countersigned by the Controlling Of   | ficer   |     |
| Signature                             |   |     |
| Name                                  |   |     |
| Stamp                                 |   |     |



### HOUSE RENT DEDUCTION CERTIFICATE

This is to certify that House Rent Allowance is excluded / not included in the salary of following employee:

1. Mr. / Miss.

| 2. | Designation / BPS |                                   |
|----|-------------------|-----------------------------------|
| 3. | Office            |                                   |
|    |                   | Signed by the Controlling Officer |
|    |                   |                                   |
|    |                   | Signature                         |

Name

Stamp

Date



# LIST OF DEPENDENT FAMILY MEMBERS RESIDING WITH THE EMPLOYEE COUNTERSIGNED BY THE CONTROLLING OFFICER

| \$<br># | Name of Family<br>Member | Relationship<br>with<br>Employee | Age | CNIC #                                | Marital<br>Status<br>(Single /<br>Married) | Detail of<br>Profession<br>(Serving /<br>Pensioner) |
|---------|--------------------------|----------------------------------|-----|---------------------------------------|--|---|
| -       |                          |                                  |     |                                       |  |   |
| +       |                          |                                  |     |                                       |  |   |
| +       |                          |                                  |     |                                       |  |   |
| 1       |                          |                                  |     |                                       |  |   |
| 1       |                          |                                  |     |                                       |  |   |
|         |                          |                                  |     |                                       |  |   |
| 1       |                          |                                  |     |                                       |  | _   |
| 4       |                          |                                  |     |                                       |  |   |
| +       |                          |                                  |     |                                       |  |   |
| +       |                          |                                  |     |                                       |  |   |
|         |                          |                                  |     |                                       |  |   |
|         |                          |                                  |     | Signature Name Designation BPS Office |  |   |
| Cou     | intersigned by the       |                                  |     | Name  Designation  BPS                |  |   |
|         |                          |                                  |     | Name  Designation  BPS                |  |   |
|         | intersigned by the       |                                  |     | Name  Designation  BPS                |  |   |
| Sig     |                          |                                  |     | Name  Designation  BPS                |  |   |

#### OPTION



| do hereby opt for acquiring of ho             | ouse w.e.from             | in the light of prevailing |
|---|---------------------------|----------------------------|
| WAPDA office order No.D/AD(Estates)/060020/Vo | ol-V/25109-26068 dated 14 | 4.04.1987.                 |
| Dated:  |                           |                            |
|   | Signature                 |                            |
|   | Name                      |                            |
|   | Designation               |                            |
|   | BPS                       |                            |
|   | Office                    |                            |
|   |                           |                            |
| Countersigned by the Controlling Officer      |                           |                            |
|   |                           |                            |
| Signature                                     |                           |                            |
| Name  |                           |                            |
| Stamp   |                           |                            |