

PAKISTAN WATER AND POWER DEVELOPMENT AUTHORITY

APPLICATION (IN QUADRUPLICATE) FOR FREE ELECTRICITY TO RETIRED WAPDA EMPLOYEES / WIDOW

1	Name of retired employee		
2	(i)	Date of retirement	
	(ii)	Date of death of employee (in case of Widow)	
3	Desi	gnation at the time of retirement / death	
4	Grade of the post at the time of retirement / death (Substantive i.e. bps admissible before move-over		
5	Nam	e of office where retired / died	
6	Prese	ent Home Address	
7		rence / Account No. (One domestic	
8	Addr	ess where mater is installed	
9	Nam	e against which mater is installed	
10		or Gratuity Sanctioned No. and Dateto copy attached)	
11		onal Identity Card No	
12		plete name of office / bank / treasury frome pension is received	
13	Date	from which concession is to be allowed	
14		emnly declare that I am not availing concession of free electricity at any other please pt against the Ref. / Account No. mentioned above (applied now).	
D/A a	s abo	ve	
Date:			

Signature of Retired Employee / Widow

TO BE USED BY THE OFFICE OF EXECUTIVE ENGINEER OPERATION IN WHOSE JURISDICTION REF: / ACCOUNT NUMBER FALLS

15	Tick Code No. of General Managers (Finance) / D.G (Finance) concerned in respect of pensioner	610 – W Water Wing	610 – P Power Wing	610 – C Common Services
16	Prescribed limit of free units i.e. equal to 50% of the concession allowed to the employee in service			

Certified that the particulars given above have been verified and found in order.

		OF HEAD OF OFFICE			
Endst: No		Dated:			
Copy to:					
1.	Last office of the applicant				
2.	Executive Engineer concerned				
3.	Revenue office concerned				
4.	Applicant				
	CERTIFICATE OF REVENUE OFFICER CONCERNED (Applicable in case of transfer or change of residence)				
17.	. Certified that the concession of free electricity against Ref. / Account No				
	Allowed to the above mentioned retired applicant has been discontinued with effect from				
	and υ	units balance upto			
	are at his credit.				
	The input data has been sent to WAPDA Computer Co	entre vide No.			

dated _____ for cancellation of Free Electricity Facility.

STAMP & SIGNATURE OF CONCERNED REVENUE OFFICER

NAME AND DESIGNATION