



FEDERAL GOVERNMENT EMPLOYEES HOUSING AUTHORITY
10-MAUVE AREA, SECTOR G-10/4
ISLAMABAD

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APPLICATION FORM FOR ALREADY REGISTERED MEMBERS FOR UPGRADATION OF CATEGORY/BPS

1. Name: _____
2. Father/Husband Name: _____
3. CNIC No: _____
4. Name of Department: _____
5. Designation: _____
6. BPS: (as of today) _____

7. No. & Date of the Notification of promotion. _____
8. Authority / Division issuing the Notification: _____
(* A copy of notification must be attached.)

DETAIL OF THE PREVIOUS REGISTRATION AS MEMBER OF FGEHF

9. Amount deposited previously as registration fee: _____
10. Date of deposit of registration fee: _____
11. BPS (as was on the date of deposit of registration fee): _____

UNDERTAKING

- I _____ S.O/D.O/W.O _____ do hereby solemnly affirm that:
- I. I have been promoted (on regular basis) to BPS _____ vide notification No. _____ dated _____.
 - II. If I am upgraded to the next higher category then I will forego my seniority in the present category.
 - III. Moreover I have no objection if my seniority in the upgraded category is placed at the bottom of the existing number of registered members as on the date of publication of this advertisement for upgradation of the category.
 - IV. I am willing to deposit the differential amount of Rs. _____ (between my existing category and the new / upgraded category).

(Signatures)

MEMBERSHIP FEE

Category/BPS	I (20-22)	II (18-19)	III (16-17)	IV (10-15)	V (1-9)
Amount	Rs.100,000/-	Rs.50,000/-	Rs.25,000/-	Rs.15,000/-	Rs.5,000/-

SCROLL COPY		MEMBERSHIP UPGRADATION RECEIPT	
1. Name of Applicant: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	2. PO/DD/Cash:
<input type="text"/>			<input type="text"/>
3. CNIC No:	<input type="text"/>		4. Amount (Membership Fee):
<input type="text"/>			<input type="text"/>
5. Bank Branch:	<input type="text"/>		6. Branch Code:
<input type="text"/>			<input type="text"/>
7. Contact No:	8. Category:	9. Date of Birth:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>			
Date			Signature & Stamp of Bank Officer/Teller:

BANK COPY		MEMBERSHIP UPGRADATION RECEIPT	
1. Name of Applicant: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	2. PO/DD/Cash:
<input type="text"/>			<input type="text"/>
3. CNIC No:	<input type="text"/>		4. Amount (Membership Fee):
<input type="text"/>			<input type="text"/>
5. Bank Branch:	<input type="text"/>		6. Branch Code:
<input type="text"/>			<input type="text"/>
7. Contact No:	8. Category:	9. Date of Birth:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>			
Date			Signature & Stamp of Bank Officer/Teller:



CUSTOMER COPY		MEMBERSHIP UP GRADATION RECEIPT	
1. Name of Applicant: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	2. PO/DD/Cash:
<input type="text"/>			<input type="text"/>
3. CNIC No:	<input type="text"/>		4. Amount (Membership Fee):
<input type="text"/>			<input type="text"/>
5. Bank Branch:	<input type="text"/>		6. Branch Code:
<input type="text"/>			<input type="text"/>
7. Contact No:	8. Category:	9. Date of Birth:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>			
Date			Signature & Stamp of Bank Officer/Teller:

FGEHF COPY

MEMBERSHIP UPGRADATION RECEIPT

1. Name of Applicant: Mr. ☐ Mrs. ☐ Miss. ☐

2. PO/DD/Cash:

3. CNIC No:

4. Amount (Membership Fee):

5. Bank Branch:

6. Branch Code:

7. Contact No:

8. Category:

9. Date of Birth:

Date

Signature & Stamp of Bank Officer/Teller: