|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monogram 3K | | **PUNJAB GOVERNMENT SERVANTS HOUSING FOUNDATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Document No** | | | | | | | | | | | | | Version | | |
| HFF033 | | | | | | | | | | | | | 03 | | |
| **DATA UPDATION/CORRECTION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Issue Date** | | | | | | | | | | | | | **Page** | | |
| 01-08-2017 | | | | | | | | | | | | | 1 of 1 | | |
| **PLEASE FILL IN BLOCK LETTERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | For Office Use only  Transaction No. | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Relationship No:** | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | Date | | | | | | | / /20 | | | | | | | | | |
| ­­­­­­­**PLEASE FILL ONLY THOSE FIELDS WHICH YOU WANT TO CHANGE/CORRECT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ** Mr.  Miss.  Mrs.  Ms.** NAME | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father’s Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National ID Card Number(s) | New | |  | | | |  | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | \_ | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | \_ | | | |  |
|  | Old | |  | | | |  | | | | | |  | | | | | | | | \_ | | | | | | | | |  | | | | | | | |  | | | | | \_ | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | |  | | | |
| Date of Birth  *format: DD-MM-YYYY* | | |  | | | | | | | |  | | | | | | \_ | | | | | | | | | |  | | | | | |  | | | | | | \_ | | | | | |  | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Service joining Year  *format: YYYY* | | |  | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department  (Provincial/Federal) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present Posting  (Official Address) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | District of present Place of posting | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| District of Domicile | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | G.P Fund No. | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| New Personal No. | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | | Pay Scale | | | | | | | | | | | |  | | | |  | |
| Old Personal No. | | | |  | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | |
| Mailing Address | | | | House No | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Street | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Mohallah /Colony | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | District | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Contact Nos. | | | | Cell No. | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Residential Ph. No. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Office Ph. No. | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax No. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Email : | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of retirement  *format: DD-MM-YYYY* | | | |  | | | | |  | | | | | | | \_ | | | | | | | |  | | | | | | | | | |  | | | | | | \_ | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |
| Pension Payment Order (PPO) No. (if retired) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Note: The Form should accompany attested copies of supporting documents.*

**Member’s Signature**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**