



**Government of Pakistan  
Ministry of Housing & Works  
FEDERAL GOVERNMENT EMPLOYEES HOUSING FOUNDATION**



## REGISTRATION FORM FOR MEMBERSHIP DRIVE P-II

**Note:**

- a. Please fill the Form in CAPITAL/BLOCK letters and all fields are MANDATORY. Also bring One Filled copy of FORM.
- b. Registration of membership is provisional and subject to verification of contents and eligibility criteria.
- c. All Federal Government employees entitled as per quota policy and eligibility criteria of FGE Housing Foundation.
- d. Quotas Entitled (Serving/Autonomous/Retired/Constitutional/Professional/Journalists/Media Workers/Widow/Disabled)

Paste Latest  
1 x 1 size  
Photograph

1. Application Form No (by Bank):

2. Category:  3. Quota:  4. Date of Submission of Membership Form:

### PERSONAL INFORMATION

5. Name of Applicant: Mr.  Mrs.  Miss.  6. Date of Birth:

7. Father's/Husband's Name: Mr.  8. Mobile Number (Required):

9. CNIC No:  10. Phone No (Residence) with Area Code:

11. Present Address:

12. Permanent Address:

13. Mailing Address: a. Present Address:  b. Permanent Address:

14. E-mail Address:

### OFFICIAL INFORMATION

**Note: Information below is required from all the applicants whether "In Service"/"Retired"/"Deceased/Disable":**

15. Service Status: a. In Service  b. Retired  c. Disabled  d. Deceased:  16. Died during Service: YES  No

17. Date of Joining FG Service:  18. Date of Retirement:  19. Date of Death:

20. Name of Deceased: (In case applicant is widow)

21. Rank with Post held:  22. Present Grade:  23. Phone Number (Official):

24. Parent Department:

25. Present Department:

26. Amount deposited as: a. Cash:  b. Demand Draft  c. Pay Order:

27. DD/PO Number:  28. Date of DD/PO:  29. Amount:

### CHOICE OF STATIONS

30. Choice of Stations: First Choice:  Second Choice:   
Third Choice:  Fourth Choice:

**31. Attach Colour Photocopy of CNIC:**

Paste Colour photocopy of FRONT SIDE of CNIC

Paste Colour photocopy of BACK SIDE of CNIC

**VERIFICATION OF PARTICULARS**

*I certify that the information filled in this proforma is correct according to the best of my knowledge and I am a regular Federal Government servant/autonomous employee and have not been allotted a plot/ house/apartment by CDA/PHA/FGEHF or any Govt. Agency. in Islamabad If the information provided is found false at any subsequent stage the amount deposited to FGEHF may be forfeited by Housing Foundation.*

\_\_\_\_\_  
Signature of the Applicant:

\_\_\_\_\_  
Date

**VERIFICATION BY PARENT DEPARTMENT**

*I certify that the information filled in this proforma is correct as per official record.*

**32. Name of Officer:** Mr.  Mrs.  Miss.

**33. Rank with Post held:**

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature & Stamp of Officer:

\_\_\_\_\_  
Date

**Choice of Stations:**

1. Islamabad    2. Lahore    3. Karachi    4. Peshawar    5. Quetta    6. Rawalpindi    7. Multan  
8. Faisalabad    9. Gujranwala    10. Hyderabad    11. Abbottabad    12. Kohat  
13. Others (Sargodha/Sahiwal/Sialkot/Rahim Yar Khan/Bahawalpur/Sukkar/Mardan/Gawadar)

**FGEHF COPY**

**MEMBERSHIP PHASE-II RECEIPT**

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

2. PO/DD/Cash:

\_\_\_\_\_

\_\_\_\_\_

3. CNIC No:

4. Amount (Membership Fee):

\_\_\_\_\_

\_\_\_\_\_

5. Askari Bank Branch:

6. Branch Code:

\_\_\_\_\_

\_\_\_\_\_

7. Contact No:

8. Category:

9. Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Stamp of Bank Officer/Teller:

**SCROLL COPY****MEMBERSHIP PHASE-II RECEIPT**1. Name of Applicant: Mr.  Mrs.  Miss. 

2. PO/DD/Cash:

3. CNIC No:

4. Amount (Membership Fee):

5. Askari Bank Branch:

6. Branch Code:

7. Contact No:

8. Category:

9. Date of Birth:

Date

Signature &amp; Stamp of Bank Officer/Teller:

**BANK COPY****MEMBERSHIP PHASE-II RECEIPT**1. Name of Applicant: Mr.  Mrs.  Miss. 

2. PO/DD/Cash:

3. CNIC No:

4. Amount (Membership Fee):

5. Askari Bank Branch:

6. Branch Code:

7. Contact No:

8. Category:

9. Date of Birth:

Date

Signature &amp; Stamp of Bank Officer/Teller:

**CUSTOMER COPY****MEMBERSHIP PHASE-II RECEIPT**1. Name of Applicant: Mr.  Mrs.  Miss. 

2. PO/DD/Cash:

3. CNIC No:

4. Amount (Membership Fee):

5. Askari Bank Branch:

6. Branch Code:

7. Contact No:

8. Category:

9. Date of Birth:

Date

Signature &amp; Stamp of Bank Officer/Teller:

### MEMBERSHIP DRIVE REGISTRATION FEE FOR PHASE-II

CATEGORY	I	II	III	IV	V
GRADE	20-22	18-19	16-17	10-15	1-9
FEE	Rs.100,000/-	Rs.50,000/-	Rs.25,000/-	Rs.15,000/-	Rs.5,000/-

Filled Application form with the membership fee can be deposited in any branch of Askari Bank Limited.