



LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES JAMSHORO, SINDH - PAKISTAN
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"SAY NO TO CORRUPTION"

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CIRCULAR

All the regular/permanent faculty members/officers/officials of this University (BPS-01 to BPS-22) are hereby advised to fill-up the prescribed proforma regarding consent/opt for deduction of General Provident Fund (G.P. Fund) from the monthly salary as per the schedule recommended by Committee.

All the Head of Department/Section Heads are requested to forward such consent form duly filled in along-with list of employees to Registrar Office for further necessary action.

The prescribed proforma for consent/option is available at LUMHS Website: www.lumhs.edu.pk.

(Signature)
REGISTRAR

LIAQUAT UNIVERSITY OF MEDICAL &
HEALTH SCIENCES, JAMSHORO.

C.C to the:-

1. Director Human Resources.
2. Director Finance.
- ✓ 3. Director Information Technology (Services) with advise to place the enclosed proforma at LUMHS Website.
4. Additional Registrar.
5. Resident Auditor.
6. Additional Registrar (Admin).
7. All Notice Boards.

Copy for information to the: -

1. P.S. to Vice-Chancellor.
2. Protocol Officer to Pro-Vice Chancellor.



CONSENT FORM FOR DEDUCTION OF G.P FUND IN FAVOUR OF BPS-01 TO BPS-22 LUMHS JAMSHORO.

Name: _____

Father's Name: _____

Designation: _____

Grade/ BPS: _____

Department: _____

CONSENT:

I agreed / Not agreed to deduct the amount from my salary for General Provident (GP) Fund.

Signature: _____

Dated: _____