



GOVERNMENT OF KHYBER PAKHTUNKHWA
HEALTH DEPARTMENT

NO. SOH(E-V)5-5/2021/ **Dr. A. Ghaffar Khan** / _____
Dated Peshawar the 30th August, 2021

To

The Assistant Secretary-I,
Benevolent Fund Cell,
Administration Department

Subject: APPLICATION FORMS FOR THE RETIREMENT GRANT OUT
OF KHYBER PAKHTUNKHWA GOVERNMENT SERVANTS
BENEVOLENT FUND

I am directed to refer to the subject noted above and to forward herewith prescribe proforma of benevolent fund along with relevant documents (in original) duly signed by the competent authority in respect of **Dr. Abdul Ghaffar Khan, Ex-CMO (BS-20)** attached to **DHO Lakki Marwat** for further necessary action at your end, please.


(Latif ur Rehman)
SECTION OFFICER (E-V)

Encl. As Above

Endst. No. & Date Even

Copy to the:-

1. PS to Secretary, Health Department Khyber Pakhtunkhwa
2. Director General Health Services, Khyber Pakhtunkhwa Peshawar w/r to letter No letter **2207/Budget/SNE** dated **04.08.2021**
3. District Health Office, Lakki Marwat
4. Personal File of the Doctor Concerned

SECTION OFFICER (E-V)