



**PAKISTAN  
WATER & POWER DEVELOPMENT AUTHORITY**

**CHARGE REPORT CERTIFICATE**

Certified that with reference to office order No. \_\_\_\_\_, I have in the Forenoon / Afternoon of this day i.e. \_\_\_\_\_ made over / taken over / assumed / relinquished charge of the post of \_\_\_\_\_ in the office of \_\_\_\_\_.

Brief description of the charge taken over is indicated below:-

(Score out which is not applicable)

- i. Cash taken over as per cash book.
- li Keys of cash chest.
- iii. List of important pending cases and documents.
- iv. List of most important pending to be put up/decided on specific dates.
- v. List of important works in progress
- vi. List of miscellaneous items under personal charge of the officer.

Full Signature of Officer  
Assuming/taking over charge: \_\_\_\_\_

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Office: \_\_\_\_\_

Station: \_\_\_\_\_

Dated: \_\_\_\_\_

Full Signature of Officer  
Relinquishing/Handing over charge: \_\_\_\_\_

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Office: \_\_\_\_\_

**DISTRIBUTION**

Original	To be sent to the Audit Officer concerned authorized to issue salary slip
Duplicate copy	To be sent to the authority issuing orders of transfer, promotion, reversing, postings, appointments, etc.
Triplicate copy	To be sent to the next higher administrative authority
Quadruplicate copy	To be retained by the Relieving Officer/Officer assuming r taking over charge
Quintuplicate copy	To be retained by the Relieved Officer/Officer relinquishing or handing over charge
Centuplicate copy	To be retained as office copy

Full Signature of officer assuming/taking over charge

NOTE:- The "Original" Duplicate copy" and "Triplicate Copy" shall be forwarded by a covering letter to the next higher administrative authority who will pass on the "Original" and "Duplicate copy" with his remarks and observations thereon to the officers concerned immediately, under intimation to the officer assuming/taking over charge.

Remarks and observations of next  
Higher Administrative Authority

**Full Signature & Designation  
of next Higher Administrative Authority**

**FOR USE OF AUDIT OFFICER**