PESHAWAR ELECTRIC SUPPLY COMPANY

IMPORTANT

Tele: 091-9211997	**Human Resources Directorate**
Fax: 091-9212024	**PESCO Head Office**
Email: dg.hr@pesco.com.pk	**WAPDA House Peshawar**

No: 39330-46 /HR/TA-DA/ODW/2026 Dated: 18 -11-2026

Chief Engineer PMU
Dy. GM Finance / FD, PESCO HQ
DG MIRAD, PESCO Peshawar
RM M&T, PESCO Peshawar
PD (C&O), PESCO Peshawar
PD GSC, PESCO Peshawar
SE GSO Circle, PESCO Peshawar
All SEs (Operation) Circles
Manager MIS, PESCO HQ
XEN Civil Works, PESCO Peshawar
XEN RTC Charsadda
All DDOs, PESCO (HQs, Circles, Divisions and other concerned offices)

Subject: CENTRALIZATION OF TA/DA AND OFF-DAY WAGES CLAIMS AT PESCO HEADQUARTERS

In compliance with the directives of Audit and Finance Committee, it is hereby intimated that all TA/DA and off-day wages claims shall be centralized and processed at PESCO Headquarters **with effect from 1st December 2026.**

All concerned offices and circles are directed to submit monthly claims relating to the preceding month, duly verified and certified by the concerned DDO/DAO/AO, along with supporting documents and the prescribed Proforma attached as Annexure-A, to the Office of Assistant Manager (HR), PESCO Headquarters, **on or before the 15th of each month.**

Claims received after the 15th of the month shall be processed in the following month. All DDOs and concerned Accounts Officers shall ensure timely consolidation and submission of complete claims in accordance with the prevailing rules and instructions. Incomplete, deficient or unsupported claims may be returned for rectification, which may result in delays in processing.

All concerned officers are requested to ensure strict compliance with these instructions and communicate the same to all subordinate offices for timely implementation.

This is issued with the approval of the competent authority.

Siab Ahmad
Director General (HR)
PESCO Peshawar

Copy to:

1. SO to CEO, PESCO HQ.
2. Cashier to CEO, PESCO HQ.
3. Office record.

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PESHAWAR ELECTRIC SUPPLY COMPANY

ANNEXURE-A

HUMAN RESOURCES DIRECTORATE

PESCO HEAD OFFICE, WAPDA HOUSE, PESHAWAR

MONTHLY TA/DA AND OFF-DAY WAGES CLAIMS SUBMISSION PROFORMA

(To be completed by the concerned DDO / DAO / AO)

PART-I: OFFICE DETAILS

Name of Office / Circle		**Claim Month**	
Division / Sub-Division		**Date of Submission**	
Name of DDO		**Designation**	
Name of AO/DAO		**Department Code**	

PART-II: CONSOLIDATED CLAIM SUMMARY

Sr. No.	Category	No. of Employees	Total Claimed Amount (Rs.)
1	TA/DA Claims		
2	Off-Day Wages		
	GRAND TOTAL		

PART-III: EMPLOYEE-WISE CLAIM DETAILS

Attach additional sheets in the same format, if required.

Sr. No.	Employee Name	ERP No.	Designation / BPS	Claim Type (TA/DA or ODW)	Claim Period	Amount (Rs.)
1						
2						
3						
4						
5						

PART-IV: CERTIFICATION BY DDO

Certified that the claims submitted herewith have been checked and verified with the relevant official records, are genuine and relate to the stated period, and are admissible under the applicable rules and instructions. All requisite supporting documents have been attached, and no duplicate or previously paid claim has been included.

_____ _____

Signature & Official Stamp (DDO) **Signature & Official Stamp (DAO/AO)**

PART-V: FOR PESCO HEADQUARTERS USE ONLY

Date of Receipt		**Diary / Batch No.**	
Total Claims Received		**Total Amount Claimed (Rs.)**	
Deficient / Returned Claims		**Admissible Amount (Rs.)**	

Remarks: _____

Scrutinized by: _____ Verified by: _____

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