

(To be completed by the Office / Department receiving the application for pension)

Ministry /Division / Department											Personnel No									
Name of Government Servant																				
Father's / Husband Name																				
Designation											BPS									
CNIC No of Govt: Servant											-									-
Date of Birth (as per service book)																				
Date of Entry into Govt. Service																				
Date of Retirement / Death																				
Name of family pensioner																				
Relation with Govt: servant																				
CNIC No of family pensioner											-									-
Postal Address:																				
Email											Bank A/c No									
Contact No:											Bank Branch & Code									
											Class of Pension				Emoluments:					
Qualifying Service	Y	M	D	Superannuation				Basic Pay		Rs.										
NHA Service				Retiring				Usual Incr.		Rs.										
Military/Pervious Service (if any)				Invalid				Sr. Post Allow		Rs.										
Benefit of Condonation				Compulsory				Special Pay		Rs.										
EOL / Un-Authorized Absence				Compensation				Personal Pay		Rs.										
Net Qualifying Service				Anticipatory				Qualification Pay		Rs.										
				Family Pension				Total		Rs.										
Pension / Family Pension																			Rs.	
Other Allowances (i).....																			Rs.	
(ii).....																			Rs.	
(iii).....																			Rs.	
Amount of pension to be commuted																			Rs.	
Age Next Birthday (or 60 in case of Superannuation)																		Years	
Rate of commuted value for every one rupee.																			Rs.	
Commutation/Gratuity																			Rs.	
Commutation to be Withheld (if any)																			Rs.	
Pension after commutation																			Rs.	

UNDERTAKINGS BY THE PENSIONER:

I do hereby undertake:

- i) That Government may, at any time from the issue of Pension Payment Order, recover any of its dues or overpayments from the pension granted to me (Under Article 906(E) of CSR).
- ii). That I have neither applied for nor received any pension/commutation/gratuity in respect of any portion of the service included in this application and in respect of which pension/gratuity is claimed herein, nor shall I submit any application hereafter without quoting a reference to this application and to the order which may be passed thereon (Article-911 of CSR).

CERTIFICATES BY PENSION SANCTIONING AUTHORITY:

- i) No inquiry is pending against him/her.
- ii) Outstanding recovery { No, } / {Yes, } if yes provide full detail.
- iii) Satisfaction about retiring employee's service, if No, it has been decided that full pension and / or gratuity granted by Audit/Accounts Officer be reduced under the rules as:
Amount/Percentage reduction in pension _____ Gratuity _____
- iv) The payment of pension/gratuity may commence from w.e.f. _____
- v) All the requisite documents as per CGA circular are attached.

Name and Signature (Pensioner)

Dated:

Signature of Head of Office / Department

Name / Designation.....

Official Seal.....

Pension Sanctioning Authority**Name / Department****Official Seal.....**

APPLICATION FOR GP FUND

(To be filled in and signed by the Widow/Family of the Deceased Employee)

The Director (Finance),
National Highway Authority,
Islamabad.

Dear Sir,

It is submitted that my husband/wife/son/daughter _____ has expired on (date) _____. I, therefore, request that the GP Fund admissible under the rules may kindly be sanctioned to me.

2) It is hereby informed that my GP Fund may be transferred / credited by the Accounts Office in the Bank Account No. _____ maintained at _____ Branch at _____.

Thumb Impression: _____

Signature: _____
Name: _____
CNIC# _____
Contact # _____
Address: _____

NO DEMAND CERTIFICATE

It is certified that there is nothing outstanding against Mr./Mrs._____

Designation_____ BS_____ Nature of Appointment: (Tick Relevant)

Regular / Contract / Deputation / Daily Wage / Individual Consultant being relieved on account of resignation / termination / dismissal / death / retirement or appointment in

some other department vide office order No._____

dated_____.

- 1. DD/AD (Concerned Office) Name_____ Signature_____
- 2. DD /AD (Telephone Section) Name_____ Signature_____
- 3. DD / AD (Accounts Section) Name_____ Signature_____
- 4. DD/AD(Accounts-Estb), HQ Name_____ Signature_____
- 5. DD/ AD (Store Section), HQ Name_____ Signature_____
- 6. DD/ AD (Welfare Section), HQ Name_____ Signature_____
- 7. Incharge NHA Library, HQ Name_____ Signature_____
- 8. DD/AD (Transport Section), HQ Name_____ Signature_____
- 9. DD/AD (CP-Fund Section), HQ Name_____ Signature_____
- 10. DD/AD (Personnel Section), HQ Name_____ Signature_____
- 11. DD/AD (MIS Section), HQ Name_____ Signature_____
- 12. DD/AD Confidential Section), HQ Name_____ Signature_____
- 13. DD/AD (Admn) Regions/Projects Name_____ Signature_____
- 14. PD (Concerned Project) Name_____ Signature_____

Concerned Officer / Official

Signature_____

Name_____

Designation_____

Date_____

- Note:**
- 1. The above mentioned officers, before signing the No Demand Certificate, shall ensure that the officer/official being relieved has returned all the NHA's items, equipments, vehicle, dues, records, files or any other assets held by him.
 - 2. The officers/officials posted in the Regions/Projects are required only to get signature and clearance from officers mentioned at Sr. Nos. 1,3,13 & 14 above.

NO DEMAND CERTIFICATE

It is certified that there is nothing outstanding against Mr./Mrs._____

Designation_____ BS_____ Nature of Appointment: (Tick Relevant)

Regular / Contract / Deputation / Daily Wage / Individual Consultant being relieved on account of resignation / termination / dismissal / death / retirement or appointment in

some other department vide office order No._____

dated_____.

- 1. DD/AD (Concerned Office) Name_____ Signature_____
- 2. DD /AD (Telephone Section) Name_____ Signature_____
- 3. DD / AD (Accounts Section) Name_____ Signature_____
- 4. DD/AD(Accounts-Estb), HQ Name_____ Signature_____
- 5. DD/ AD (Store Section), HQ Name_____ Signature_____
- 6. DD/ AD (Welfare Section), HQ Name_____ Signature_____
- 7. Incharge NHA Library, HQ Name_____ Signature_____
- 8. DD/AD (Transport Section), HQ Name_____ Signature_____
- 9. DD/AD (CP-Fund Section), HQ Name_____ Signature_____
- 10. DD/AD (Personnel Section), HQ Name_____ Signature_____
- 11. DD/AD (MIS Section), HQ Name_____ Signature_____
- 12. DD/AD Confidential Section), HQ Name_____ Signature_____
- 13. DD/AD (Admn) Regions/Projects Name_____ Signature_____
- 14. PD (Concerned Project) Name_____ Signature_____

Concerned Officer / Official

Signature_____

Name_____

Designation_____

Date_____

- Note:**
- 1. The above mentioned officers, before signing the No Demand Certificate, shall ensure that the officer/official being relieved has returned all the NHA's items, equipments, vehicle, dues, records, files or any other assets held by him.
 - 2. The officers/officials posted in the Regions/Projects are required only to get signature and clearance from officers mentioned at Sr. Nos. 1,3,13 & 14 above.

NO DEMAND CERTIFICATE

It is certified that there is nothing outstanding against Mr./Mrs._____

Designation_____ BS_____ Nature of Appointment: (Tick Relevant)

Regular / Contract / Deputation / Daily Wage / Individual Consultant being relieved on account of resignation / termination / dismissal / death / retirement or appointment in

some other department vide office order No._____

dated_____.

- 1. DD/AD (Concerned Office) Name_____ Signature_____
- 2. DD /AD (Telephone Section) Name_____ Signature_____
- 3. DD / AD (Accounts Section) Name_____ Signature_____
- 4. DD/AD(Accounts-Estb), HQ Name_____ Signature_____
- 5. DD/ AD (Store Section), HQ Name_____ Signature_____
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- 13. DD/AD (Admn) Regions/Projects Name_____ Signature_____
- 14. PD (Concerned Project) Name_____ Signature_____

Concerned Officer / Official

Signature_____

Name_____

Designation_____

Date_____

- Note:**
- 1. The above mentioned officers, before signing the No Demand Certificate, shall ensure that the officer/official being relieved has returned all the NHA's items, equipments, vehicle, dues, records, files or any other assets held by him.
 - 2. The officers/officials posted in the Regions/Projects are required only to get signature and clearance from officers mentioned at Sr. Nos. 1,3,13 & 14 above.

PART-III

Visible and Attested Photocopies on A-4 size paper of the following documents shall be submitted with this application form:

- a) **Annex "A"**- Last pay certificate/computerized pay slip duly countersigned by head of department showing personal No. allotted by the Accounts Office.
- b) **Annex "B"**- First and second page of service book/PPO/statement of service in case of gazetted employee.
- c) **Annex "C"**- CNIC in respect of the aforesaid deceased employee and the prospective beneficiaries and in case of any minor beneficiary, B-Form. (Both sides of CNIC must be copied on A-4 size paper)
- d) **Annex "D"**- Death certificate issued by Union Council/Union Committee/Municipal Committee.
- e) **Annex "E"**- Death Notification/office order of retirement under which name of deceased employee was struck off the strength from service.
- f) **Annex "F"**- Nomination form for pertaining to benevolent fund and group insurance filled in the employee during service.
- g) **Annex "G"**- List of dependent family members i.e. wife/wives, natural son(s), father, mother, minor brothers and unmarried/divorced/widowed sisters/daughters. The list should indicate name, CNIC No. relationship, age, marital status, profession, monthly income, present mailing address and contact number(s).
- h) **Annex "H"**- Wholly dependency certificate (other than spouse) issued by the Head of the Department/Officer authorized by the department (Authority letter must be attached).
- i) **Annex "I"**- Envelope containing four copies of photographs duly attested in respect of each beneficiary bearing the name of the person on the reverse of three photos and one on the face. In case of purdah observing ladies, photographs will not be required, A certificate that she is Purdah observing lady must be attached.
- j) **Annex "J"**- Four signatures/right and left thumb impressions on separate sheets (four on each sheet) of each beneficiary/dependents duly attested by class-1 Gazetted Officer.
- k) **Annex "K"**- In case of female prospective beneficiaries one widow/non-marriage/re-marriage certificate attested by a Gazetted officer.

Government of Pakistan
Establishment Division
Federal Employees Benevolent & Group Insurance Funds (FEB & GIF)
DCS-FORM

(FORM FOR DIRECT CREDIT OF BENEVOLENT GRANT THROUGH BANK ACCOUNT)
Beneficiary Information (To be filled in by the Beneficiary and verified by the HoD)

Case No.(Allotted by the concerned Regional Boards of FEB & GIF)			
Personal number (As per pay slip issued by AGPR/MAG/Department concerned)			
Parent department of the federal government employee			
Status of department (Ministry/Division/Attached department/subordinate office/ Autonomous, semi autonomous, corporation, council, commission etc)			
Name of Employee			
Father/Husband Name			
Employee CNIC		Basic Pay Scale	
Designation			
Pay (basic Pay + Technical Pay+ Special Pay + Qualification Pay + Personal Pay or any other emoluments reckoned for calculation of pension)			
Date of Birth of employee			
Date of first Appointment			
Date of Retirement			
Date of Death during service			
Date of Invalid retirement			
Date of Death after retirement			
Amount of Monthly Benevolent Grant (to be filled in by FEB&GIF)			
Date of commencement of the grant			
Period of Grant			
Name of Beneficiary(s)			
Date of Birth of beneficiary(s)			
Relation of Beneficiary(s) with the deceased/Invalid federal government employee			
Beneficiary CNIC#			
Residential Address and contact number (Current)			
Residential Address (Permanent)			
Beneficiary Email (for DCS emails)			
Cell # (for DCS SMS)			
Beneficiary NBP Bank Account Number (10 digit account Number)			
Name of concerned NBP Branch with code No and address			
I hereby accept to draw benevolent grant through direct credit system and have also submitted * Indemnity Bond to the bank.			
*The Beneficiary shall produce an Indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her bank account. The beneficiary would further undertake that his/her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his/her Account in full to such excess amount.			
Beneficiary's Signature/Thumb Impression			
Dated:_____			
To be verified by Head of Department (Under by Name Stamp, Designation, Signature & Date)			

Account Verification (To be verified by the Bank)

Account Title (Name)	Signature/Stamp of Bank Manager
Account No.	
Branch Name/Address	
Branch Code	
Indemnity Bond/Lien submitted by the Beneficiary	

.....

To be issued by FEB & GIF Regional Board

Acknowledgement Receipt No. _____	Signature of Officer
Dated: _____	

Indemnity Bond/Lien submitted by the Beneficiary
INDEMNITY BOND

To

The Manager,
National Bank of Pakistan,
_____ (Branch Name)
_____ (Branch Code)
_____ (City)

In compliance with the Finance Division's instructions for payment of benevolent grant through National Bank of Pakistan I agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my benevolent grant Account. I further undertake that my legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my benevolent grant Account in full to such excess amount for onward credit to the Board of Trustees, FEB&GIF.

Co-Indemnifier/Nominee/Successor/

Signature: _____

Next of Kin: _____
(Name and father name)

Name of Beneficiary: _____

CNIC: _____

CNIC: _____

Relation with beneficiary: _____

Case No: _____

Address: _____

Rate of monthly benevolent grant: _____

Signature: _____

Date of commencement of benevolent grant:

Bank Account No: _____

Witness-1

Witness-2

Name and father name: _____

Name and father name: _____

CNIC: _____

CNIC: _____

Address: _____

Address: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

NATIONAL HIGHWAY AUTHORITY

List of All Family Members of Mr/Mrs. _____

Sr #	Name	CNIC / Form-B	Date of Birth	Relationship	Profession	Marital Status	Monthly Income

Signature: _____

Name: _____

Designation: _____

Attested

NATIONAL HIGHWAY AUTHORITY

Four Specimen Signatures / Thumb Impressions of Mr/Mrs. _____

.

1. _____.

2. _____.

3. _____.

4. _____.

Attested

NATIONAL HIGHWAY AUTHORITY

Four Specimen Signatures / Thumb Impressions of Mr/Mrs. _____

1. _____.

2. _____.

3. _____.

4. _____.

Attested

NATIONAL HIGHWAY AUTHORITY

Four Specimen Signatures / Thumb Impressions of Mr/Mrs. _____

1. _____.

2. _____.

3. _____.

4. _____.

Attested

NATIONAL HIGHWAY AUTHORITY

Four Specimen Signatures / Thumb Impressions of Mr/Mrs. _____

1. _____.

2. _____.

3. _____.

4. _____.

Attested

DCS FORM
FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

Pensioner information (To be filled in by the Pensioner)

PPO NO/DCS NO.	
SAP Personal No. (AS PER PAY SLIP)	
Account office (From where PPO originally issued)	
NAME OF PENSIONER	
Father / Husband Name	
Pensioner old NIC No.	
Pensioner CNIC (NADRA)	
FAMILY PENSIONER NAME	
Spouse/Son/Daughter/Father/Mother(select one)	
Family Pensioner CNIC (NADRA)	
Residential address (Current)	
Residential address (Permanent)	
Designation & Grade at the time of Retirement	
Ministry / Division / Deptt. / Office	
E MAIL ADDRESS (G-MAIL ONLY)	
CONTACT NUMBER(COMPULSORY)	
<p>I hereby opt to draw pension through direct credit scheme and have also submitted *indemnity bond to the bank.</p> <p>*The Pensioner shall produce an indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her Pension account.The pensioner would further undertake that his/her legal heirs,successors,executors shall be liable to refund excess amount,if any credited to his/her pension account either in full or in installments(as agreed mutually) equal to such excess amount.</p>	
Pensioner`s Signature / Thumb Impression Dated:	

ACCOUNT VERIFICATION (TO BE VERIFIED BY THE BANK)

CUTTING / OVERWRITING / FLUID / JOINT ACCOUNT NOT ACCEPTABLE

BELOW MENTIONED PORTION MAY PLEASE BE FILLED COMPLETELY.

Account Title (Name)	
Account No.	
Bank Name	
Branch Address	
Branch Code	
Indemnity Bond / Lien submitted by the pensioner	

SIGNATURE / STAMP OF BANK MANAGER

(Indemnity bond on stamp paper duly verified by notary public/oath commissioner)

INDEMNITY BOND

To,

The Manager,

_____ (Name of Bank)
_____ (Branch)
_____ (City)

In compliance with the SBP's instructions for payment of pension through your bank branch I agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my pension account. I further undertake that my legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my pension account either in full or in installments equal to such excess amount.

Co-Indemnifier/Nominee/Successor

Next of Kin: _____

CNIC : _____

Address : _____

Signature : _____

Witness – 1

CNIC : _____

Signature : _____

Date : _____

Signature _____

Name of Pensioner: _____

Date of Retirement : _____

PPO No : _____

Bank Account No: _____

CNIC : _____

Witness -2

CNIC : _____

Signature : _____

Date : _____



NATIONAL HIGHWAY AUTHORITY

Admin Wing (Personnel-II) HQ

27-Mauve Area, G-9/1, Islamabad.

(051-9032814)

Requirements for Family Pension in case of Death during Service

- a. United Bank Limited Branch Address, Code and Account Number of the widow (For Pension).
- b. 04 Nos attested Passport size Photographs of the widow.
- c. 03 Nos attested copies of CNIC of the deceased.
- d. 03 Nos attested copies of CNIC of the widow.
- e. 03 Nos attested copies of Death Certificate of the deceased issued by NADRA/Union Council.
- f. Non Re-Marriage Certificate in respect of widow on Stamp Paper.
- g. Copy of Family Registration Certificate (FRC) from NADRA.
- h. Permanent and Present Address along with Contact Number(s).

For BF&GIF in case of Death during Service/ Retired employees

- a. National Bank of Pakistan's Branch Address, Code and Account Number of the widow (For BF&GIF).
- b. Last Pay Certificate duly countersigned by Head of department, allotted by the Accounts Office.
- c. First, second and last page of service book.
- d. 03 Nos copies of CNIC in respect of the aforesaid deceased employee.
- e. 03 Nos copies of CNIC in respect of widow.
- f. 04 Nos Photographs in respect of widow.
- g. Struck Off/Retirement order in respect of deceased employee.
- h. Death Certificate issued by Union Council / NADRA.
- i. List of dependent family members.
- j. Wholly Dependency Certificate.
- k. Four signature/thumb impressions on separate sheets (four on each sheet) of the widow.
- l. Non Re-Marriage Certificate in respect of widow on Stamp Paper.

Requirements for Retirement on Superannuation

- a. UBL Branch, Code and Account Number of the employee.
- b. 04 Nos attested Photographs of the employee.
- c. 04 Nos attested copies of Retirement Order
- d. 06 Nos attested copies of CNIC of the employee.
- e. Photocopy of latest Pay Slip/LPC.
- f. Permanent and Present Address along with Contact Number(s).