

(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 given by retiring government servant for grant of GP Fund in case of superannuation/ retiring/
invalid/ compensation/ compulsory retirement]**

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

Dear Sir,

It is submitted that I have retired from service of NHA on _____. My GP Fund dues may kindly be released as per rules and remitted to my Bank A/c No. _____ maintained at _____ Bank, Branch _____, at the earliest possible, please.

Date: _____

Name: _____
Designation: _____
CNIC# _____
Contact # _____
Address: _____

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

35. Form of Nomination (See Rule – 10)

Name and Designation of Employee

.....

Service/Department

I hereby nominate the person/persons mentioned below who is/are member/member of my family as defined in Section-2 of the General Employee Benevolent Fund and Group Insurance Act – 1969 (II of 1969) to receive the benevolent grant and the sum assured and C.P Fund in the event of my death.

Part-I
(FOR WIFE / HUSBAND ONLY)

Name of Nominee/Nominees	Relation ship	Age (Y-M-D)	% of Share	Remarks

Part-II
(FOR MEMBERS OF FAMILY OTHER THAN WIFE / HUSBAND)

Name of Nominee/Nominees	Relation ship	Age (Y-M-D)	% of Share	Remarks

Certified that the Member/Members of family mentioned in Part-II reside with me and are wholly dependent upon me.

The earlier nomination made by me may kindly be treated as **“CANCELLED”**

Dated.....

.....
Signature of the Employee

Witnesses:

i. Signature

.....
Name of Employee

.....
Name & Designation

ii.

Signature.....

.....
Name & Designation

.....
Signature & Seal of the Head of Office

36. Nomination for Death-Cum-Retirement (TO BE FILLED IN TRIPPLICATE)

GRATUITY, PENSION / PAY & ALLOWANCES

(WHEN THE GOVERNMENT SERVANTS HAS A FAMILY & WISHES TO NOMINATE ONE MEMBER THEREOF)

I, hereby nominate the person mentioned below, who is a member of my family and confer on him the right to receive any gratuity and the pension that may be sanctioned by government and arrears of my pay and allowances due to me, in the event of my death while in service and the right to receive gratuity, pension and pay and allowances on my death which having become admissible to me on retirement may remain unpaid at my death:-

Name & address (es) of the nominee(s)	Relation ship	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right conferred on the nominee shall pass in event of the nominee predeceasing the Govt servant

Dated at

Witness's signature

i.

ii.

Signature of Govt Servant

To be filled in by the Head of Office in the case of non-gazetted Govt servants

Nomination by

Designation

Office

Signature (Office Incharge)

Designation

Dated.....

Caution: -This nomination can be cancelled at any time by sending a notice in writing to the appropriate authority alongwith a fresh nomination.

37. Nomination for Death-Cum-Retirement (TO BE FILLED IN TRIPPLICATE)

GRATUITY, PENSION / PAY & ALLOWANCES

(WHEN THE GOVERNMENT SERVANTS HAS A FAMILY & WISHES TO NOMINATE MORE THAN ONE MEMBER THEREOF)

I, hereby nominate the person mentioned below, who is a member of my family and confer on them the right to receive to the extent specified below any gratuity and the pension that may be sanctioned by government and arrears of pay and allowances due to me, in the event of my death while in service and the right to receive gratuity, pension and pay and allowance on my death which having become admissible to me on retirement may remain unpaid at my death:-

Name & address (es) of the nominee(s)	Relation ship	Age	Amount of or share of pension/ gratuity and pay and allowances payable to each	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right conferred on the nominee shall pass in event of the nominee predeceasing the Govt servant

Dated at

Witness's signature

i.

ii.

Signature of Govt Servant

Note: This column should be filled in so as to cover the whole amount of the pension, gratuity and pay and allowances.

(To be filled in by the Head Office in the case of non-gazetted Govt Servants)

Nomination by

Designation

Office

(Signature & Seal Office Incharge)

Caution:-This nomination can be cancelled at any time by sending a notice in writing to the appropriate authority alongwith a fresh nomination

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_____
- 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.

PART-II

CERTIFICATION BY THE HEAD OF DEPARTMENT.

It is certified that:

1. The information contained in Part-I in respect of Mr./Miss/Mrs. _____ is correct according to our record.
2. The above named employee was neither Contingent Paid/Work Charged/Adhoc/Contract employee etc. nor a deputationist from any Provincial/local government and was a regular contributor of FEB & GI Funds. Further he/she was neither dismissed nor removed from services (in case of a deputationist from one Federal Government department to another, the case will be prepared by his/her parent department).
3. The employee retired from service on account of incapacitation with 80% disability declared by the prescribed Medical Authority under Rule 8 of FEB & GIF Rules, 1972.
4. **The particulars of nominee(s) of Benevolent Grant and sum assured etc. of deceased employee mentioned in Part-I above are correct and there is no other nominee(s) as per record of this office. In case, particulars of nominee(s) given in Part-I found incorrect at later stage by any forum, our department will be responsible for refund of sanctioned grant(s) to FEB & GIF.**
5. The above claim is prepared for the first time and has not been sent previously from his/her parent department.
6. The above named employee was not uniformed employee of Armed forces at the time of incapacitation/retirement.

Dated. _____

**Stamp and Signature
Head of the office**

DEPARTMENTAL FORWARDING

Forwarded to Deputy Director/Incharge, Regional Board, Federal Employees Benevolent and Group Insurance Funds, Islamabad/Karachi/Lahore.

F.No. _____

Dated. _____

**Stamp and Signature
Head of the Department
or authorized officer not below BS-20**

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, second and last page of service Roll/book/PPO//statement of service in case of gazetted employee.
- c) **Annex "C"**- CNIC in respect of the aforesaid incapacitated employee. (Both sides of CNIC must be copied on A-4 size paper)
- d) **Annex "D"**- Notification/office order under which name of incapacitated employee was struck off the strength from service.
- e) **Annex "E"**- A copy of the Medical Board proceedings duly attested by the Head of Department. The Medical Board must comprise of three Medical Officers, one of them shall be a specialist. The Medical Board proceedings must record the case history as well as exact nature of disability (See Part IV).
- f) **Annex "F"**- Nomination form of benevolent fund and group insurance.
- h) **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 numbers.
- i) **Annex "H"**- Envelope containing four copies of photographs duly attested in respect of the incapacitated employee 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 "I"**- Four signatures/right and left thumb impressions on separate sheets (four on each sheet) of incapacitated employee duly attested by class-1 Gazetted Officer.

PART IV

INVALIDATION CERTIFICATE FEDERAL EMPLOYEES

See CSR articles 442(d), (e), 443(a), (b) and (c) and 447.

1. Important Instructions:

- (a) All columns must be typed.
- (b) All columns must be filled. Those not applicable must be crossed.
- (c) An individual shall not be considered removed from service until the Head of Department has approved proceedings of the central Medical Board constituted by Ministry of Health.
- (d) Medical Board must comprise three members including one member as being a Specialist pertaining to the disease for the invalidation of the employee .

Name _____ S/o, D/o, W/o _____

Designation _____ Office _____

Department _____ Total Service _____

Age: Per Statement/documents _____ per appearance _____

Identification marks _____

Head of Department of the Employee is personally responsible for accurate information of this form.

(Left hand thumb impression/signatures duly attested)

Opinion : (A detailed statement of medical case and of the treatment adopted as per CSR 443(a). If necessary attach documents).

Signature & Seal of
Medical Specialist.

2. Opinion of the Medical Board:

In consequence of _____
We consider him/her (name) _____ as being

- (a) Completely and permanently incapacitated for further service of any kind.
- (b) Completely and permanently incapacitated for service in the Department to which he/she belongs.
- (c) Incapacitated for service in the appointment which he now holds but we are of the opinion that he/she is (or may after resting for _____ months be) fit for further service of less laborious character than that which he/she has been doing.
- (d) His/her degree of disability _____ %age
- (e) His/her incapacity does/does not appear to have been caused/aggravated or accelerated by irregular or intemperate habits.

Dated: _____

President _____
(Name, Signature & Seal)

Member _____
(Name, Signature & Seal)

Member _____
(Name, Signature & Seal)

APPROVED/NOT APPROVED

(For partial) disability See CSR article 447 (b). If a person is likely to improve after a certain period he may be given long leave admissible to him instead of invaliding him out of service.

Place _____
Dated _____

HEAD OF DEPARTMENT
(Name, Signature & Seal).

Federal Employees Benevolent & Group Insurance Funds Benevolent Fund Building, Block A-1 Near Zero point, Islamabad.

For further information/complaint, please visit our website i.e. www.febgif.gov.pk Ph.051-9252164

Note: Photocopy of this form can also be used.

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 Verificatio0n (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: _____

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).