

**(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   |          |          |          |                |  |  |  |                   |  |            | <b>BPS</b>              |  |  |  |                    |  |  |  |            |   |
| CNIC No of Govt: Servant                            |          |          |          |                |  |  |  |                   |  |            | -                       |  |  |  |                    |  |  |  |            | - |
| Date of Birth (as per service book)                 |          |          |          |                |  |  |  |                   |  |            |                         |  |  |  |                    |  |  |  |            |   |
| Date of Entry into Govt. Service                    |          |          |          |                |  |  |  |                   |  |            |                         |  |  |  |                    |  |  |  |            |   |
| Date of Retirement / Death                          |          |          |          |                |  |  |  |                   |  |            |                         |  |  |  |                    |  |  |  |            |   |
| <b>Name of family pensioner</b>                     |          |          |          |                |  |  |  |                   |  |            |                         |  |  |  |                    |  |  |  |            |   |
| <b>Relation with Govt: servant</b>                  |          |          |          |                |  |  |  |                   |  |            |                         |  |  |  |                    |  |  |  |            |   |
| <b>CNIC No of family pensioner</b>                  |          |          |          |                |  |  |  |                   |  |            | -                       |  |  |  |                    |  |  |  |            | - |
| Postal Address:                                     |          |          |          |                |  |  |  |                   |  |            |                         |  |  |  |                    |  |  |  |            |   |
| Email   |          |          |          |                |  |  |  |                   |  |            | Bank A/c No             |  |  |  |                    |  |  |  |            |   |
| Contact No:   |          |          |          |                |  |  |  |                   |  |            | Bank Branch & Code      |  |  |  |                    |  |  |  |            |   |
|   |          |          |          |                |  |  |  |                   |  |            | <b>Class of Pension</b> |  |  |  | <b>Emoluments:</b> |  |  |  |            |   |
| <b>Qualifying Service</b>                           | <b>Y</b> | <b>M</b> | <b>D</b> | 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.        |                         |  |  |  |                    |  |  |  |            |   |
| <b>Net Qualifying Service</b>                       |          |          |          | Anticipatory   |  |  |  | Qualification Pay |  | Rs.        |                         |  |  |  |                    |  |  |  |            |   |
|   |          |          |          | Family Pension |  |  |  | <b>Total</b>      |  | <b>Rs.</b> |                         |  |  |  |                    |  |  |  |            |   |
| 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. \_\_\_\_\_

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

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**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**

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**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.



**FEDERAL EMPLOYEES BENEVOLENT AND GROUP INSURANCE FUNDS**  
**BENEVOLENT FUND BUILDING, BLOCK A-I, NEAR ZERO POINT,**  
**P.O.BOX NO.2035, ISLAMABAD**

**Application For Payment Of Farewell Grant on**  
**Retirement/Death after retirement Superannuation/voluntary retirement)**

**PART-I**

1. i. Name of employee \_\_\_\_\_
- ii. Father Name \_\_\_\_\_
- iii. Date of Birth of employee \_\_\_\_\_
- iv. CNIC No. of Employee \_\_\_\_\_
- v. Designation \_\_\_\_\_ BPS \_\_\_\_\_ 

|          |              |
|----------|--------------|
| Gazetted | Non-Gazetted |
|----------|--------------|
- vi Personal No. of Employee (as mention at the monthly pay slip) \_\_\_\_\_
- vii. Status of the employment \_\_\_\_\_

|           |           |               |
|-----------|-----------|---------------|
| Permanent | Temporary | Deputationist |
|-----------|-----------|---------------|

2. Present status of employee (tick relevant column)

| In service | Retired        |                   |                               |                       |
|------------|----------------|-------------------|-------------------------------|-----------------------|
|            | Superannuation | Normal retirement | Retirement on medical grounds | Compulsory retirement |

3. Last pay details as follows:
  - i. Basic Pay \_\_\_\_\_
  - ii. Special Pay \_\_\_\_\_
  - iii. Technical Pay \_\_\_\_\_
  - iv. Personal Pay \_\_\_\_\_
  - v. Qualification Pay \_\_\_\_\_
  - vi. Senior Post Allowance \_\_\_\_\_
  - vii. Any Other Pay reckonable for pension \_\_\_\_\_

4. Monthly subscription of the following grants

| Benevolent fund subscription (Amount in Rupees) | Group Insurance fund subscription (Amount in Rupees) |
|---|--|
|   |  |

5. Name of present department \_\_\_\_\_
6. Place of posting \_\_\_\_\_
7. Name of parent department \_\_\_\_\_
8. Status of department (tick relevant column)

|                    |          |                     |                     |            |                 |             |        |
|--------------------|----------|---------------------|---------------------|------------|-----------------|-------------|--------|
| Federal Government |          |                     |                     | Autonomous | Semi Autonomous | Corporation | Others |
| Ministry           | Division | Attached Department | Sub ordinate office |            | body            |             |        |

9. Service History

| Date of entry into government service | Date of initial appointment | Date of retirement/ superannuation | Interruption in service record |    |              |                       |    |              | Period for which contribution of Benevolent Fund and Group Insurance was not paid |  |
|---------------------------------------|-----------------------------|------------------------------------|--------------------------------|----|--------------|-----------------------|----|--------------|---|--|
|                                       |                             |                                    | Period of E.O.L                |    |              | Period of without pay |    |              |   |  |
|                                       |                             |                                    | From                           | To | Total period | From                  | To | Total period |   |  |
|                                       |                             |                                    |                                |    |              |                       |    |              |   |  |

10. Date of Retirement \_\_\_\_\_
11. Date of death of employee after retirement (in case not received Farewell Grant) \_\_\_\_\_
12. Present /Postal Address. \_\_\_\_\_
13. Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email (if any): \_\_\_\_\_
14. Permanent Address. \_\_\_\_\_
15. Bank A/C title and No. for credit of grant
  - i. Bank Account title: \_\_\_\_\_
  - ii. Bank Name: \_\_\_\_\_ Branch Code ( ) \_\_\_\_\_ Address of Branch \_\_\_\_\_ City: \_\_\_\_\_
  - iii. Account No. \_\_\_\_\_

- 16. Name of Spouse/Nominee of the employee (in case of death of employee after retirement) \_\_\_\_\_

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- 17. Father's/Husband's name \_\_\_\_\_
- 18. Relation with the employee \_\_\_\_\_
- 19. CNIC of Spouse/Nominee

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

( **Signature of the Employee** )

**PART-II**  
**CERTIFICATE BY THE HEAD OF OFFICE**

F. No. \_\_\_\_\_ Dated: \_\_\_\_\_

- 1. Certified that the information contained in part-I of the application form is correct according to our record.
- 2. Certified that the above named employee was neither a contingent paid/work charged, adhoc, contract employee, nor a deputationist from a Provincial Government / Autonomous Body. Further, it is certified that he/she was neither dismissed nor removed from his service.
- 3. **Certified that the employee is entitled to the benefits paid by the FEB & GIF and had been contributing to the Benevolent & Group Insurance Fund for the last 25 years or above or (20 years of continuous service in case if employee is retired on or after 1.9.2012). In case of any variation in the above mentioned information, the department shall be responsible to pay back the amount of Farewell Grant to the FEB & GIF.**
- 4. Certified that the above named employee was not a uniform employee of the Armed Forces at the time of retirement.
- 5. Certified that the employee is applying for farewell grant for the first time.
- 6. Certified that the above employee has not retired on medical grounds.

In case of any incorrect above information, the department / applicant shall be responsible.

**Stamp and Signature**  
**Head of the Office**  
**or Authorized Officer not below BS 20**

**PART III**

- 1. The claim shall be submitted under forwarding letter by the concerned organizations alongwith two attested photo copies on A-4 size paper of following documents:-
  - i. Initial appointment letter of the employee (Annex-I)
  - ii. Last pay certificate duly countersigned by the Head of department (Annex-II)
  - iii. Retirement orders / notification of the employee (Annex-III)
  - iv. Pension Payment Order (where Pension is not applicable a certificate of service record issued by the Head of the Department) (Annex-IV)
  - v. CNIC of the employee(both sides of CNIC must be copied on A-4 size paper) (Annex-V)
  - vi. Last month schedule of recovery / deduction of Benevolent and Group Insurance Funds contribution. (Annex-VI)
  - vii. Death certificate of employee in case widow is applying for farewell grant (Annex-VII)
  - viii. CNIC of spouse/other family members applying for farewell grant (Annex-VIII)
  - ix. List of family members (Annex-IX)
  - x. Schedule of period during which contributions of Benevolent and Group Insurance Funds were not paid, to be issued by the parent department on the following prescribed proforma: (Annex-X)

| S. No. | Month for which contribution has not been paid/less paid | Pay |
|--------|--|-----|
|        |  |     |

**Signature of DDO**

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](http://www.febgif.gov.pk)

**Ph.051-9252164, 9252316, 9253163, 0800-46000**

**Note: Photocopy of this form can also be used.**

**DCS FORM**  
**FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT**

Pensioner information (To be filled in by the Pensioner)

|   |  |
|---|--|
| PPO NO/DCS NO.  |  |
| <b>SAP Personal No. (AS PER PAY SLIP )</b>  |  |
| Account office (From where PPO originally issued)   |  |
| <b>NAME OF PENSIONER</b>  |  |
| Father / Husband Name   |  |
| Pensioner old NIC No.   |  |
| Pensioner CNIC (NADRA)  |  |
| <b>FAMILY PENSIONER NAME</b>  |  |
| 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   |  |
| <b>E MAIL ADDRESS (G-MAIL ONLY)</b>   |  |
| <b>CONTACT NUMBER(COMPULSORY)</b>   |  |
| <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> |  |
| <b>Pensioner`s Signature / Thumb Impression</b><br><b>Dated:</b>  |  |

**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).