

APPLICATION FOR PAYMENT OF FAREWELL GRANT TO RETIREMENT

Part - I. Personal Detail

1	a)	Name of the incapacitated / deceased / retirement employee																		
	b)	CNIC No.																		
	c)	Father / Husband Name:																		
	d)	Date of birth																		
	e)	Date of death / retirement																		

Part - II. Service Detail

2	f)	Name of Department / Division / Ministry																		
	g)	Last appointment held alongwith BPS (Gazetted / Non-Gazetted)																		
	h)	Station / Place of last posting																		
	i)	Date of entry into service																		
	j)	Date of removal from service on account of																		
	a)	Incapacitation																		
	b)	Superannuation /																		
	c)	Dismissal from service																		
	d)	Retirement																		
	k)	Pay per month																		
	a)	Basic Pay																		
	b)	Special Pay																		
	c)	Technical Pay																		
	d)	Personal Pay																		
	e)	Qualificatin Pay																		
		Total																		
	l)	Audit Office																		
	m)	Audit Office Personal No.																		
	n)	Bank Account alongwith Bank Branch Name																		
	o)	Period of EOL or period for which contributions to Benevolent and Group Insurance Funds were not paid.																		
	p)	Present address of the employee																		

Signature: _____

Name: _____

Designation: _____