#### **FAMILY PENSION FORM**

[To be issued by the Appointing Authority / Pension Sanctioning Authority in the event of In-Service death of a government servant / death of pensioner]

Subject: SANCTION OF FAMILY PENSION IN CASE OF IN-SERVICE DEATH OF GOVERNMENT SERVANT / DEATH OF THE PENSIONER.

In se	ervice death				
It is	mentioned that	Mr./Mrs./Ms	8	S/o, W/o,	D/o
Desi pens	gnation/post _ sion), in BS	(Please indic	drawing pa ate kind of	y/emoluments appointment i.e. Regula sonnel NoCNIC N	(reckonable toward ar/Officiating or Acting
post	ed at (office) while i		plac	ee of Posting	has expired or
<u>Deat</u>	th of pensioner	<u>:</u>			
Mr./	Mrs./Ms		S/c	o, W/o, D/o	residing
at _				Designation at /family pension v	the time of retiremen
		drawing	pension	/family pension v	ide PPO / FPPC
No	ner mont	_ CNIC No	 Do	drawing pensi Total pension Rs.	ion/family pension Rs
				Branch	
Acco	ount No		_ has expir	red on Hi	s/her date of birth is
of fa	mily pension is		_		_ aa
<u>A.</u> <u>F</u>	amily Pension	<u>Calculation</u>		B. Family Pension	n Calculation
(In s	ervice death)			(on death of pension	oner)
Gros	ss Pension	Rs	•	Gross Pension	Rs
Fam	ily Pension @ 75	5% of Rs	•	Family Pension @ (net or gross pens the case may be)	75% ion as Rs
Grat	uity 1/4 <sup>th</sup> (of Gro	ss pension) Rs	•		
Othe	er Benefits:-				
i)		Rs	_		
ii	)	Rs	_		
ii	i)	Rs	_		
(1)		_, EOL availed	during ser	ate of 1 <sup>st</sup> entry into gover vice is I	His/her total length of
	qualitying serv	ice for pension	n comes to	years, n	nonths, days.

Certified that no inquiry is pending against deceased employee.

**(2)** 

(3)	Certified that no Demand/ Recovery is outstanding against the deceased.
(4)	Certified that Advances drawn by the deceased (if any) have been fully repaid or
<i>(</i> =)	waived off.
(5)	As per record, it is verified that Mr./Mrs./Ms
	CNIC No is bonafide family member entitled to family pension
	of Mr./Mrs./Ms. (late) and his/her gratuity/ family pension may be transferred / credited in Bank / Post office / treasury
	Branch Account Number (as opted).
(6)	Administrative and financial sanction for grant of family pension/ gratuity is hereby
(0)	accorded.
	accorded.
	owing documents attached.
(i)	Pension application alongwith three attested photographs, as "Annex-B".
(ii)	Death certificate and death Notification.
(iii)	Original PPO / FPPO / of deceased pensioner.
(iv)	Last Pay Certificate (LPC)/ last Pension Payment Certificate.
(v)	Pension contributions receipts / Bank Challan / acceptance certificate (in service death).
(vi)	Original service book alongwith its attested copy / service statement (in case of gazette
(::)	Government servant)(in service death).  N.D.C from state office in case of Government accommodation.
(vii)	N.D.C Irom state office in case of Government accommodation.
	Cinnature [De Name] with atoms
	Signature [By Name] with stamp Pension Sanctioning Authority
	rension Sanctioning Authority
1.	The Accounts Office is requested to grant family pension/ gratuity and endorse a copy
	of computerized family pension payment order (C.F.P.P.O) / Pension payment order
	(P.P.O) to this department / office. The original service book after recording necessary
	entries regarding issuance of FPPO may also be returned to this department / office.
2.	Mr./Mrs./Ms, you are hereby informed that your
	gratuity / and first monthly pension / shall be transferred /credited by the Accounts
	Office in the Bank/Post office / Treasury office as opted by you.
	Branch as opted by you.
Imp	ortant: As per requirement every pensioner is bound to provide life certificate / Non-
-	marriage certificate to his/her bank on or before 10th March and 10th
	September of each year (Annex-C).

#### APPLICATION FOR FAMILY PENSION

(To be filled in and signed by the applicant himself/herself)

Natio	<b>Director (Personnel),</b> onal Highway Authority, nabad.				
Dear	· Sir,				
(date	t is submitted that my husband/with the control of	attached). I, theref be sanctioned to m	ore, request th	has enat the family pens	expired on ion
Sr. No.	Name	Relationship with the deceased	CNIC No.	Age/date of Birth	Marital Status
Bran enclo	t is hereby informed that my gratuited by the Accounts Office in the bach Accounts Accounts Office in the back Accounts Dised).	ank / Post office /	Treasury offic	e	, 
	<b>Under Article 351 (B) of CSR:</b> I hat the issue of Pension Payment Order		•		•
:	In pursuance of Article 911 of Coreceived any pension/ commutation in this application and in respect submit any application hereafter forder which may be passed thereon	n/ gratuity in resp t of which pension without quoting a	pect of any por n/gratuity is	rtion of the service claimed herein, n	e included or shall I
	Under Article 920(1) of CSR: I her me afterwards found to be in excess	-			_
	<b>Under Article 922(a) of CSR:</b> I of gratuity in respect of any portion anticipatory pension only).	n of the service	included in t		
Thur	mb Impression:	N	gnature: ame: NIC#		

Note: Application to be verified by Pension Sanction Authority / DDO

**Important:** Every pensioner/family pensioner is bound to provide life certificate / Non-marriage Certificate to his bank on or before 10<sup>th</sup> March 10<sup>th</sup> September of each year (Annex-C).

#### LIFE CERTIFICATE FORM

concerned bank/post office/treasury (pen	before $10^{\rm th}$ March and $10^{\rm th}$ September of each year to the usion payment office) in person or through representative
or by post/courier service)	
This is to certify that Mr./Mrs./Ms.	, S/o, W/o, D/o,
holder of PPO No.	, S/o, W/o, D/o, CNIC No ression and address are appended below is alive till date
Whose specimen signatures / thumb imp	ression and address are appended below is alive till date
Date:	(Pensioner's Signature / Thumb Impression) Phone No Address
(Signatures of attesting officer with date & Name Stamp)	
(This certificate is to be furnished on or b	RRIAGE CERTIFICATE  Defore 10 <sup>th</sup> March and 10 <sup>th</sup> September of each year to the asion payment office) in person or through representative
I, holder of declare that I have not been married durin	Widow/Daughter of the deceased Mr./Mrs./Ms. of Pension Payment Order No hereby g the last six months.
Date:	(Pensioner's Signature / Thumb Impression) Phone No Address
(Signatures of attesting officer with date & Name Stamp)	

NOTE: THE ABOVE CERTIFICATE(S) IS/ ARE TO BE SIGNED BY GAZETTED GOVERNMENT OFFICER/MILITARY COMMISSIONED OFFICER / MAGISTRATE / SUB-REGISTRAR / PENSIONED OFFICER / CHAIRMAN UNION COUNCILS/ MEMBER OF THE FEDERAL OR PROVINCIAL ASSEMBLIES / MANAGER OF BANKS.

# APPLICATION FOR GP FUND

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

The Deputy Director ( National Highway Autho Islamabad.	• •			
Dear Sir,				
		_	GP Fund admissible und	
Office in the B	ed that my GP Fund ma ank Account No Branch at			
Thumb Impression:		Signature: Name: CNIC# Contact # Address:		

Admn Wing (Personnel)

#### **NO DEMAND CERTIFICATE**

It is	certified that there is nothing out	standing against	Mr./Mrs
Des	ignation	BS Nature	e of Appointment: (Tick Relevant)
Reg	ular / Contract / Deputation / Da	ily Wage / Indivi	dual Consultant being relieved on
acco	ount of resignation / termination /	dismissal / dea	th / retirement or appointment in
som	ne other department vide	office order	No
date	ed		
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
			0 1000 /000 1
			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.

Admn Wing (Personnel)

#### **NO DEMAND CERTIFICATE**

It is	certified that there is nothing out	standing against	Mr./Mrs
Des	ignation	BS Nature	e of Appointment: (Tick Relevant)
Reg	ular / Contract / Deputation / Da	ily Wage / Indivi	dual Consultant being relieved on
acco	ount of resignation / termination /	dismissal / dea	th / retirement or appointment in
som	ne other department vide	office order	No
date	ed		
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
			0 1000 /000 1
			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.

Admn Wing (Personnel)

#### **NO DEMAND CERTIFICATE**

It is	certified that there is nothing out	standing against	Mr./Mrs
Des	ignation	BS Nature	e of Appointment: (Tick Relevant)
Reg	ular / Contract / Deputation / Da	ily Wage / Indivi	dual Consultant being relieved on
acco	ount of resignation / termination /	dismissal / dea	th / retirement or appointment in
som	ne other department vide	office order	No
date	ed		
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
			0 1000 /000 1
			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.

A-4 size paper

White Form



# FEDERAL EMPLOYEES BENEVOLENT AND GROUP INSURANCE FUNDS BENEVOLENT FUND BUILDING, BLOCK C-II, NEAR ZERO POINT, P.O.BOX NO.2035, ISLAMABAD

# (Application form for Payment of Death Grants to family of Deceased Employee)

FORM-B (See Rule 12) PART-I

1.	a)	Name of the Demployee	Deceased												
	b)	Father/Husbar Name	nd's												
	c)	CNIC No.						_							
		CNIC No. of Soft of married em	Spouse (in case ployee)						-						-
		Name of Parei Division/Mini	nt Department a stry	nd											
		Designation al (Gazetted	ongwith BPS ] /Non-Gazett	ed	)										
	g)	Station/Place	of last posting												
2.	P	ay	a)	Basic	e Pay										
			b)	Spec	ial Pay										
			c)	Tech	nical Pay										
			d)	Perso	onal Pay										
			e)	Qual	ification F	Pay									
			f)	Seni	or Post all	owan	ce								
			g)		other Pay onable for										
					Total										
3	Ι	Date of birth						D	D	M	M	Y	Y	Y	Y
4.	Γ	Date of entry in	to service					D	D	М	М	Y	Y	Y	Y
5.	Γ	Date of death						D	D	М	М	Y	Y	Y	Y
Date of retirement/Struck off Strength, on account of Superannuation/ Qualifying service/death during service							Y								
7.	N	lame of benefic	ciary(s) (nomin	ated or	otherwise	e)									
	S. No.	Name	CNIC No	•	Date o birth		wi	tionsh th the ceased		Profes	ssion		rital tus	Inc	nthly come Rs.)

8.	Address(s) of the beneficiary(s) alongnwith contact No: a. Present/Complete mailing address				
	b. Permanent:				
	c. Telephone No.: Mobile No.:				
	d. E-Mail (if any):				
9.	Bank Account title:				
10.	Name and city of National Bank of Pakistan Branch, nearest to the residence of	f benefic	aries:		
11.	Bank Account No (s).				
12.	Period of EOL or period for which contributions to Benevolent and Group paid:	Insuranc	e Fun	ds was	not
	<u>PART-II</u>				
	CERTIFICATION BY THE HEAD OF DEPARTMENT.				
It is ce	rtified that:				
1	The information contained in Part-I in respect is correct according to our r	of ecord.	Mr	./Miss/I	Mrs.
F	The above named employee was neither Contingent Paid/Work Charged/Adhor a deputationist from any Provincial/local government and was a regular contribute the/she was neither dismissed nor removed from services (in case of a deprovernment department to another, the case will be prepared by his/her parent department.	butor of l itationist	FEB &	GI Fu	nds.
3	The employee died during the continuance of service after retirement	].			
c	The particulars of nominee(s) of Benevolent Grant and sum assured electioned in Part-I above are correct and there is no other nominee(s) as pease, particulars of nominee(s) given in Part-I found incorrect at later supportment will be responsible for refund of sanctioned grant(s) to FEB & GII	r record tage by	of thi	s office	. In
5 d	The above claim is prepared for the first time and has not been sent preview epartment.	iously fro	om his	/her pa	rent
6	The above named employee was not uniform employee of Armed forces at the	time of o	leath.		
Dated				Signat	
	DEPARTMENTAL FORWARDING				
Insura	Forwarded to Deputy Director/Incharge, Regional Board, Federal Employence Funds, Islamabad/Karachi/Lahore.	es Benev	olent	and G	oup
F.No.		Date	ed		

#### **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.

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:	

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:	

Four Specimen Signatures / Thumb Impressions of Mr/Mrs		
1	<u>.</u>	
2	<u>.</u>	
3	<u>.</u>	
4	<u>.</u>	

Four Specimen Signatures / Thumb Impressions of Mr/Mrs		
1.	<u>.</u>	
2.	<u>.</u>	
3.	<u>.</u>	
4.	<u>.</u>	

Four Specimen Signatures / Thumb Impressions of Mr/Mrs		
1.	<u>.</u>	
2.	<u>.</u>	
3.	<u>.</u>	
4.	<u>.</u>	

Four Specimen Signatures / Thumb Impressions of Mr/Mrs		
1		
<u> </u>	<del></del>	
2	<u>.</u>	
3	<u>.</u>	
4	<u>.</u>	