



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 Monthly Benevolent Grants and Lump Sum Grant for Incapacitated Employee)

FORM-B
(See Rule 12)

PART-I

1.	a)	Name of the Incapacitated employee	<table border="1" style="width: 100%; height: 20px;"></table>
	b)	Father/Husband's Name	<table border="1" style="width: 100%; height: 20px;"></table>
	c)	CNIC No.	<table border="1" style="width: 100%; height: 20px;"></table>
	d)	CNIC No. of Spouse (in case of married employee)	<table border="1" style="width: 100%; height: 20px;"></table>
	e)	Name of Parent Department and Division/Ministry	<table border="1" style="width: 100%; height: 20px;"></table>
	f)	Designation alongwith BPS (Gazetted <input type="checkbox"/> /Non-Gazetted <input type="checkbox"/>)	<table border="1" style="width: 100%; height: 20px;"></table>
	g)	Station/Place of last posting	<table border="1" style="width: 100%; height: 20px;"></table>

2.	Pay	a)	Basic Pay	<table border="1" style="width: 100%; height: 20px;"></table>
		b)	Special Pay	<table border="1" style="width: 100%; height: 20px;"></table>
		c)	Technical Pay	<table border="1" style="width: 100%; height: 20px;"></table>
		d)	Personal Pay	<table border="1" style="width: 100%; height: 20px;"></table>
		e)	Qualification Pay	<table border="1" style="width: 100%; height: 20px;"></table>
		f)	Senior Post allowance	<table border="1" style="width: 100%; height: 20px;"></table>
		g)	Any other Pay/allowance reckonable for pension	<table border="1" style="width: 100%; height: 20px;"></table>
		Total		
				<table border="1" style="width: 100%; height: 20px;"></table>

3.	Date of birth	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
4.	Date of entry into service	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
5.	Date of retirement on account of Incapacitation	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

7. Address(s) of the beneficiary alongwith contact No:

a. Present/Mailing (complete postal address): _____

b. Permanent: _____

c. Telephone No.: _____ Mobile No.: _____

d. E-Mail (if any): _____

8. Bank Account title: _____

9. Name and city of National Bank of Pakistan Branch, nearest to the residence of beneficiary: _____

10. IBAN

11. Period of EOL or period for which contributions to Benevolent and Group Insurance Funds was not paid: _____

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 "I"**- DCS form
- j) **Annex "J"**- 02 Copies of cheque leaf containing IBAN (Joint account is not applicable)

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: _____

Chairman _____
(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.