



FEB & GIF

FEDERAL EMPLOYEES BENEVOLENT AND GROUP INSURANCE FUNDS
BENEVOLENT FUND BUILDING, BLOCK A-I, NEAR ZERO POINT,
P.O.BOX NO.2035, ISLAMABAD
APPLICATION FOR GRANT OF EDUCATIONAL STIPEND
 (For children of serving employees studying in post matric studies excluding PhD)
PART-A

PARTICULARS OF EMPLOYEE

1	a)	Name of Employee (in block letters)																		
	b)	Father/Husband's Name																		
2	CNIC No. of Employee																			
3	CNIC No. of Spouse																			
4	Parent Department; with complete Postal address and contact No.																			
5	Present Department; with complete Postal address and contact No.																			
6	Designation																			
7	Place of Posting																			
8	a)	Basic Pay Scale																		
	b)	Status of employee	Gazetted					Non-Gazetted												
9	Bank A/C title and No. for credit of grant		Bank Account title:																	
			Bank Name:					Branch:					City:							
			Account No.																	
10	Particulars of the stipend, if any, received last year from the FEB & GIF		Amount																	
			Class/Degree programme / Year																	

EMPLOYEE'S UNDERTAKING

I hereby solemnly affirm that:

- i) Certified that the application is submitted for the first time for payment of Educational Stipend for the year _____
- ii) I have been contributing to Benevolent Fund & Group Insurance Fund as per current prescribed rates.
- iii) The above information is correct to the best of my knowledge and in case of any incorrect information, I shall be responsible.

Dated: _____

(Signature of the employee)

PART-B**(To be filled in by the Head of Department of the employee)**

F. No. _____

Dated: _____

Certified that Mr./Mrs.....holds the post of in this office and that his/her basic pay scale at present is BS-..... (Gazetted/Non-Gazetted) and is a regular contributor of B.F& GIF as per prescribed rates. The contents/information at Part-A above is correct as per record of this office and he is neither a deputationist from any provincial government nor an Armed forces uniform wearing employee.

**Signature and by name Stamp of
Head of the Department**

PART-C**1. PARTICULARS OF STUDENT**

1	Full name of the Student (in block letters)																			
2	Father's name																			

2. PARTICULARS OF PRESENT STUDY

Name and address of the institution where studying	Name of Board / University which has Accredited the institution	Certificate / Degree / Postgraduate / MPhil	Year of present studies / (In case of semester system, please write present No. of semestere.g. 1 st , 2 nd , 3 rd)	Date of commencement of the academic session	Duration of the Certificate / Degree/Post graduate/ MPhil

3. DETAIL OF LAST CERTIFICATE/DEGREE/POSTGRADUATE FROM BOARD / HEC RECOGNIZED UNIVERSITY

Name and address of the Institution last attended	Name of last examination passed	Academic Session	Board / University	Marks / CGPA obtained		
				Total	Obtained	%

4. POSTAL ADDRESS AND CONTACT NO. OF EMPLOYEE

Postal Address: _____

Telephone No. _____ Mobile No. _____

Email (if any): _____

(Signature of the Student)**PART-D****(To be filled in by the Head of the Educational Institution where the student is enrolled)**

1. Certified that Mr./Miss S/o/D/o is a bonafide student of this college / institution / university, studying in Certificate / Degree / Postgraduate / MPhil programme of..... in year / semester and that the particulars furnished by him/her in Part "C" of this application form are correct.

2. Certified that Mr./Miss S/o/D/o had obtainedmarks / CGPA during last year of studies / last two semesters, out of total marks / CGPA of..... which in term of percentage comes to.....%. His/her date of admission to the present programme is

3. Certified that this college / institution / university is a Public sector /Private college / institution / university, recognized by Board/ HEC / affiliated with HEC recognizedUniversity.

Postal Address and Contact No. of College / Institution / University:

**Signature and by name Stamp of
Head of the College / Institution / University**

Note:- It is clarified that if your child is studying in professional disciplines in public sector universities / colleges / institutes as specified in Rule 25-A then you are allowed to apply either for the benefit of Fee Reimbursement or for the benefit of Stipend (rate of educational stipend in professional studies at present is Rs. 40,000 per academic year per student on obtaining 70% marks), for your maximum of two children in a financial year. Because, both of the benefits are not allowed / paid at a time to a student. The educational benefit (either stipend or re-imburement of fee) once applied to FEB & GIF for a student shall not be changed during the whole prescribed tenure/period of studies / degree programme.

Attested photo copies on A-4 size paper of the following documents alongwith covering/forwarding letter of department are to be submitted with this application:

Documents about employee	Documents about Student
1. CNIC of employee.	1. For degree programmes original detailed marks sheet / transcript of last passed annual examination / all previously passed semesters issued by the authorized officer of the university / college / institute.
2. In case of female employee, CNIC of her Husband. (Both sides of all CNIC's must be copied on A-4 size paper(s)).	2. Original Separate result cards of all the semesters passed in an academic year for which educational stipend is being applied.
3. Latest pay slip of employee showing complete detail of BF & GI deductions (02 copies).	3. CNIC or Form 'B' of the student. (Both sides of CNIC must be copied on A-4 size paper)

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.**