



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

FEB &amp; GIF

**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.																													
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																											

I hereby solemnly affirm that:

- Certified that the application is preferred first time for payment of Educational Stipend for the year \_\_\_\_\_
- I have been contributing benevolent fund & group insurance as per \_\_\_\_\_ prescribed rate of the current schedule.
- The above information is correct to the best of my knowledge and belief. In case of any incorrect information, applicant 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 not a uniform employee of Armed forces.

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

**1. PARTICULARS OF STUDENT**

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

**2. PARTICULARS OF PRESENT STUDIES**

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 semester e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> .....)	Date of commencement of the academic session	Duration of the Certificate / Degree/ Postgraduate / 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 PARENTS.**

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)**

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 obtained ..... marks / 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 recognized ..... University.

**Postal Address and Contact No. of College / Institution / University:**\_\_\_\_\_  
\_\_\_\_\_**Signature and by name Stamp of  
Head of the College / Institution / University****Attested photo copies of the following documents alongwith covering/forwarding letter of department are to be submitted with this application:**

Documents pertaining to employee	Documents pertaining to Student
1. CNIC of employee. 2. In case of female employee, CNIC of her Husband. 3. Latest pay slip of employee showing complete detail of BF & GI deductions (02 copies).	1. Detailed marks sheet of last passed annual examination / last two semesters, issued by the university / college / institution by Registrar / Controller / Deputy Controller / Assistant Controller examination (02 copies). 2. CNIC or Form 'B' of the student.