

1. i. Name of employee _____

ii. Father/Husband Name _____

iii. Date of Birth of employee _____

iv. CNIC No. of Employee

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v. Designation _____ BPS _____

Gazetted	Non-Gazetted
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vi. Personal No. of Employee (as mention at the monthly pay slip) _____

vii. Status of the employment _____

Permanent	Temporary	Deputationist
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In service	Retired			
	Superannuation	Normal retirement	Retirement on medical grounds	Compulsory retirement

Benevolent fund subscription (Amount in Rupees)	Group Insurance fund subscription (Amount in Rupees)

Federal Government				Autonomous	Semi Autonomous body	Corporation	Others
Ministry	Division	Attached Department	Sub ordinate office				

[illegible][illegible]

16. Name of Spouse/Nominee of the employee (in case of death of employee after retirement) _____
17. Father's/Husband's name _____
18. Relation with the employee _____
19. CNIC of Spouse/Nominee

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Signature of the Employee

PART-II
CERTIFICATE BY THE HEAD OF OFFICE

F. No. _____ Dated: _____

1. Certified that the information contained in part-I of the application form is correct according to our record.
2. Certified that the above named employee was neither a contingent paid/work charged, adhoc, contract employee, nor a deputationist from a Provincial Government / Autonomous Body. Further, it is certified that he/she was neither dismissed nor removed from his service.
3. **Certified that the employee is entitled to the benefits paid by the FEB & GIF and had been contributing to the Benevolent & Group Insurance Fund for the last 25 years or above or (20 years of continuous service in case if employee is retired on or after 1.9.2012). In case of any variation in the above mentioned information, the department shall be responsible to pay back the amount of Farewell Grant to the FEB & GIF.**
4. Certified that the above named employee was not a uniform employee of the Armed Forces at the time of retirement.
5. Certified that the employee is applying for farewell grant for the firsttime.
6. Certified that the above employee has not retired on medical grounds.

In case of any incorrect above information, the department / applicant shall be responsible.

Stamp and Signature
Head of the Office
or Authorized Officer not below BS 20

PART III

1. The claim shall be submitted under forwarding letter by the concerned organizations alongwith two attested photo copies on A-4 size paper of following documents:-
 - i. Initial appointment letter of the employee (Annex-I)
 - ii. Last pay certificate duly countersigned by the Head of department (Annex-II)
 - iii. Retirement orders / notification of the employee (Annex-III)
 - iv. Pension Payment Order (where Pension is not applicable a certificate of service record issued by the Head of the Department) (Annex-IV)
 - v. 02 copies of CNIC of the employee(both sides of CNIC must be copied on A-4 size paper) (Annex-V)
 - vi. Last month schedule of recovery / deduction of Benevolent and Group Insurance Funds contribution. (Annex-VI)
 - vii. Death certificate of employee in case widow is applying for farewell grant (Annex-VII)
 - viii. CNIC of spouse/other family members applying for farewell grant (Annex-VIII)
 - ix. List of family members (Annex-IX)
 - x. 02 Copies of cheque leaf containing IBAN (Joint account is not applicable) (Annex-X)
 - xi. Schedule of period during which contributions of Benevolent and Group Insurance Funds were not paid, to be issued by the parent department on the following prescribed proforma: (Annex-XI)

S. No.	Month for which contribution has not been paid/less paid	Pay

Signature of DDO

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, 9252316, 9253163, 0800-46000

Note: Photocopy of this form can also be used.