

PART-II

CERTIFICATES BY THE HEAD OF DEPARTMENT.

1. Certified that the information contained above in respect of Mr/Miss/Mrs _____ is correct according to our record.
2. Certified that the above named employee was neither a contingency/work charged/adhoc/contract employee nor a deputationist from any Provincial Government and he was a regular contributor of FEB & GI Funds. (in case of a deputationist from one Federal Government department to another, the case will be preferred by his parent department).
3. Certified that the employee died during the continuance of service / after retirement.
4. Certified that the above claim has been preferred for the first time and has not been sent previously from any office of this department.
5. In case of fake/fictitious documents in respect of the above named employee, this department will responsible to refund the amount of all grants sanctioned under FEBF & GI scheme.

Dated. _____

**Seal and Signature
Head of the office**

Forwarded to the Assistant Director, Regional Board, Federal Employees Benevolent and Group Insurance Funds, Islamabad/Karachi/Lahore.

Dated. _____

**Seal and Signature
Head of the Department
or authorized officer not below BS-20**

PART-III

Following Documents must be submitted with claim.

- a) **Annex "A"**_ A copy of last pay certificate/computerized pay slip countersigned by head of department showing No. allotted by the Audit Office.
- b) **Annex "B"**_ Attested Photostat copies of first and second page of service book/PPO.
- c) **Annex "C"**_ Attested Photostat copies of CNIC in respect of the aforesaid incapacitated/deceased employee and the beneficiaries.
- d) **Annex "D"**_ (Death Case only) three copies of death certificate duly attested. These may be in the form of office order notifying the death, certificate by a medical officer or extract from the register of birth/death of Union Council/Union Committee/Municipal Committee.
- e) **Annex "E"**_ Three copies of Notification/order under which the name of the said employee was struck off strength.
- f) **Annex "F"**_ (Incapacitated Case) A copy of the Medical Board proceedings duly attested by the Head of Department. Medical Board must comprise of three Medical Officers one of them being a specialist Medical Board proceedings must record the case history and the exact nature of disability. (See Part IV).
- g) **Annex "G"**_ Nomination form duly attested.
- h) **Annex "H"**_ List of family members and dependent i.e. wife/wives, children, father, mother, minor brother and unmarried/divorced sisters/daughters. The list should indicate name, CNIC No., relationship, age, marital status, profession, monthly income and present address.
- i) **Annex "I"**_ Wholly dependency certificate (other than spouse) issued by the Head of the Department/authorized officer.
- j) **Annex "J"**_ Envelop containing four copies of photographs duly attested in respect of each beneficiary or the incapacitated employee 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.
- k) **Annex "K"**_ Four signatures/thumb impressions on separate sheets (four on each sheet) of each beneficiary/dependants/incapacitated employee duly attested by class-1 Gazetted Officer.
- l) In case of female beneficiaries non-marriage/re-marriage certificate by a Gazetted officer.