

# FEDERAL EMPLOYEES BENEVOLENT AND GROUP INSURANCE FUNDS BENEVOLENT FUND BUILDING, BLOCK A-I, NEAR ZERO POINT, P.O.BOX NO.2035, ISLAMABAD

# APPLICATION FOR REIMBURSEMENT OF ANNUAL/SEMESTERS FEE

# (For children of retired/deceased employees studying in BS to MS / MPhil level Degree Programmes specified under Rule 25-A of FEB & GIF Rules, 1972) **PART-A**

| PAR       | ARTICULARS OF EMPLOYEE  |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
|-----------|---|-----------------------|--------------------------|--------|----|--|---|--|--|----|-------|-------|----|--|--|
| 1         | a) Name of Employee<br>(in block letters)   |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
|           |   |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
|           | b)  | Father/Husband's Name |                          |        |    |  |   |  |  |    |       |       |    |  |  |
|           |   |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
| 2         | CNIC No. of Employee  |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
| 3         | 3 CNIC No. of Spouse  |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
| 4         | <ul> <li>Parent Department; with</li> <li>complete Postal address and</li> <li>contact No.</li> </ul> |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
| 5         | Des   | signation             |                          |        |    |  |   |  |  |    |       |       |    |  |  |
| 6         | Place of last Posting   |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
| 7         | a) Basic Pay Scale  |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |
| '         | b) Status of employee   |                       | G                        | azette | ed |  |   |  |  | No | on-Ga | azett | ed |  |  |
|           | Bank A/C title and No. for credit of grant  |                       | Bank Account title:      |        |    |  |   |  |  |    |       |       |    |  |  |
| 8         |   |                       | Bank Name: Branch: City: |        |    |  |   |  |  |    |       |       |    |  |  |
|           |   |                       | Accou<br>No.             | unt    |    |  |   |  |  |    |       |       |    |  |  |
|           | Particulars of the fee<br>reimbursement, if any,<br>received last year from the                       |                       | Amount                   |        |    |  |   |  |  |    |       |       |    |  |  |
| 9         |   |                       | Class/Degree programme   |        |    |  | e |  |  |    |       |       |    |  |  |
| FEB & GIF |   |                       | Semester / Year          |        |    |  |   |  |  |    |       |       |    |  |  |
| 10        | 10 In case of death of employee,<br>relation of applicant with<br>employee                            |                       |                          |        |    |  |   |  |  |    |       |       |    |  |  |

# **EMPLOYEE'S / APPLICANT'S UNDERTAKING**

I hereby solemnly affirm that:

- The application is submitted for the first time for reimbursement of fee for the year i)
- The above information is correct to the best of my knowledge and in case of any incorrect information, applicant ii) shall be responsible.

Dated:

# (Signature of the Applicant)

## **PART-B** (Departmental Verification)

It is certified that the contents/information at Part-A above is correct as per record of this office and the above named federal government employee was neither a deputationist from any provincial Government nor an Armed forces uniform wearing employee at the time of his/her retirement / death.

Name and Designation

(

)

Head of the office / **Authorized Officer** 



## **1.PARTICULARS OF STUDENT**

| 1 | Full name of the Student<br>(in block letters) |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| 2 | Father's name                                  |  |  |  |  |  |
|   |  |  |  |  |  |  |

### 2. PARTICULARS OF PRESENT STUDY

| Name and address of<br>the<br>institution where<br>studying | Name of HEC recognized<br>Public Sector University /<br>College / Institute | Degree<br>Programme | In case of semester<br>system, please write<br>present No. of<br>semester (e.g. 1 <sup>st</sup> ,<br>2 <sup>nd</sup> , 3 <sup>rd</sup> ) | Date of<br>commencement of<br>the academic<br>session | Duration of<br>the Degree<br>programme |
|---|---|---------------------|--|---|--|
|   |   |                     |  |   |  |

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

| Name and address<br>of the Institution<br>last attended | Name of last<br>examination<br>passed | Academic<br>Session | Board / University | Passed in Annual<br>/ Supplementary<br>examination |  |
|---|---------------------------------------|---------------------|--------------------|--|--|
|   |                                       |                     |                    |  |  |
|   |                                       |                     |                    |  |  |

## 4. POSTAL ADDRESS AND CONTACT NO. OF EMPLOYEE / APPLICANT

Telephone No.\_\_\_\_\_Mobile No. \_\_\_\_\_ Email (if any):\_\_\_\_\_

### (Signature of the Student)

<u>PART-D</u>

(To be filled in by the Head of the Educational Institution where the student is enrolled)

2. Certified that Mr./Miss ...... S/o/D/o ..... is not failed in any of the subject(s) of last passed study year / last two semesters against which reimbursement of fee is being applied by the student / employee.

3. Certified that this is a public sector college / institution / university and is recognized by Higher Education Commission.

4. Certified that Mr/Miss......has not got admission in this institution on self finance basis.

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

#### Signature and by name Stamp of Head of 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-imbursement of fee) once applied to FEB & GIF for a student shall not be changed during the whole prescribed tenure/period of studies / degree programme.

with this application: Documents about employee Documents about Student For degree programmes original detailed marks sheet / transcript of last passed CNIC of employee. 1 1. annual examination / all previously passed semesters issued by the authorized 2. In case of female employee, CNIC of her Husband. (Both sides of all CNIC's must be copied on A-4 size officer of the university / college / institution. Original separate result cards of all the semesters passed in an academic year. paper(s)). 2. for which fee reimbursement is being applied. Last pay slip of employee showing complete detail of BF З. CNIC or Form 'B' of the student. (Both sides of CNIC must be copied on A-4 & GI deductions (02 copies). 3. 4. In case of deceased employee a copy of Death size paper) University / college / Institution admission offer letter. Certificate. 4. Pension Payment Order, Retirement Order / Notification. 5. Original Bank paid fee Challans for fee reimbursement pasted on A-4 size 5. 6 List of family members. paper alongwith two photocopies on A-4 size paper. 6. In case of detail of fee is not given on fee challans, a certificate from the university / college / institute regarding detail of fee.

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. <u>www.febgif.gov.pk</u>Ph.051-9252164 Note: Photocopy of this form can also be used.