



FEB & GIF

Pink Form

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

APPLICATION FOR REIMBURSEMENT OF ANNUAL/SEMESTER 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

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 | Designation | | | | | | | | | | | | | | | | | | | |
| 6 | Place of last Posting | | | | | | | | | | | | | | | | | | | |
| 7 | a) | Basic Pay Scale | | | | | | | | | | | | | | | | | | |
| | b) | Status of employee | Gazetted | | | | | | | | | Non-Gazetted | | | | | | | | |
| 8 | Bank A/C title and No. for credit of grant | | Bank Account title: | | | | | | | | | | | | | | | | | |
| | | | Bank Name: | | | | | | Branch: | | | | | | City: | | | | | |
| | | | Account No. | | | | | | | | | | | | | | | | | |
| 9 | Particulars of the fee reimbursement, if any, received last year from the FEB & GIF | | Amount | | | | | | | | | | | | | | | | | |
| | | | Class/Degree programme | | | | | | | | | | | | | | | | | |

I hereby solemnly affirm that:

- The application is preferred first time for reimbursement of fee for the year _____
- 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 Applicant)

**PART-B
(Attestation)**

It is certified that above mentioned information is correct to the best of my knowledge and the above named employee was not uniform employee of Armed forces at the time of his/her retirement / death.

**Name and Signature of attesting authority
(Gazetted officer BS-17 or above)**

()

Designation and Department

Official Stamp

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

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

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

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 Degree 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 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

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. Last pay slip of employee showing complete detail of BF & GI deductions (02 copies). 4. In case of deceased employee a copy of Death Certificate. 5. Pension Payment Order, Retirement Order / Notification. 6. List of family members. | 1. Detailed marks sheet of last passed annual examination / last two semesters separately, issued by the university / college / institution Registrar / Controller / Deputy Controller / Assistant Controller examination (02 copies). 2. CNIC or Form 'B' of the student. 3. University / college / Institution admission offer letter. 4. Original Bank paid fee Challans for fee reimbursement (02 copies). |