



**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 REIMBURSEMENT OF ANNUAL/SEMESTER FEE**

(For children of serving 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	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 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 \_\_\_\_\_
- 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, I 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 at 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 HEC recognized Public Sector University / College / Institute	Degree Programme	(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 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 on A-4 size paper 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.	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. In case of female employee, CNIC of her Husband. (Both sides of all CNIC's must be copied on A-4 size paper(s)).	2. CNIC or Form 'B' of the student. (Both sides of CNIC must be copied on A-4 size paper)
3. Latest pay slip of employee showing complete detail of correct rate BF & GI deductions (02 copies).	3. University / college / Institution admission offer letter.
	4. Original Bank paid fee Challans for fee reimbursement pasted on A-4 size paper alongwith 2 Photocopies on A-4 size paper.