A-4 size paper

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

Application For Payment Of Farewell Grant on Retirement/Death after retirement Superannuation/voluntary retirement)

PART-I

1. i. Name of employee _____
   ii. Father Name _____
   iii. Date of Birth of employee _____
   iv. CNIC No. of Employee | | | | | | — | | | | | | | | | — | |
   v. Designation _____ BPS ____ | Gazetted | Non-Gazetted |
   vi Personal No. of Employee (as mention at the monthly pay slip) _____
   vii. Status of the employment

Permanent	Temporary	Deputationist

2. Present status of employee (tick relevant column)

In service	Retired			
	Superannuation	Normal retirement	Retirement on medical grounds	Compulsory retirement

3. Last pay details as follows:
   i. Basic Pay _____
   ii. Special Pay _____
   iii. Technical Pay _____
   iv. Personal Pay _____
   v. Qualification Pay _____
   vi. Senior Post Allowance _____
   vii. Any Other Pay reckonable for pension _____

4. Monthly subscription of the following grants

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

5. Name of present department _____
6. Place of posting _____
7. Name of parent department _____
8. Status of department (tick relevant column) ✓

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

9. Service History

Date of entry into government service	Date of initial appointment	Date of retirement/ superannuation	Interruption in service record						Period for which contribution of Benevolent Fund and Group Insurance was not paid	
			Period of E.O.L			Period of without pay				
			From	To	Total period	From	To	Total period		

10. Date of Retirement _____
11. Date of death of employee after retirement (in case not received Farewell Grant) _____
12. Present /Postal Address. _____
    _____
13. Telephone No. _____ Mobile No. _____ Email (if any): _____
14. Permanent Address. _____
15. Bank A/C title and No. for credit of grant
    i. Bank Account title: _____
    ii. Bank Name: _____ Branch Code ( ) _____ Address of Branch _____ City: _____
    iii. Account No. | | | | | | | | | | | | | | | | | | |

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 first time.
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.	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.	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-X)

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

Signature of DDO