



**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
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 vi. Personal No. of Employee (as mention at the monthly pay slip) \_\_\_\_\_  
 vii. Status of the employment \_\_\_\_\_

Permanent	Temporary	Deputationist
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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. IBAN. \_\_\_\_\_

