



**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 Marriage Grant**  
**(in service / retired /deceased employee)**  
**Under rule 19 FEB & GIF, Rules 1972 amended from time to time**

**PART-I**

1. i. Name of employee \_\_\_\_\_  
 ii. Father/Husband 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 employee.

Permanent	Temporary	Deputationist
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2. Present status of employee (tick relevant column)

In service		✓					
	Superannuation	Normal retirement	Retirement on medical grounds	Voluntary Retirement after 25 years	Compulsory retirement	Deceased employee	Others (Golden Shake Hand)

3. Monthly subscription of the following grants

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

4. Name of present department \_\_\_\_\_  
 5. Place of posting \_\_\_\_\_  
 6. Name of parent department \_\_\_\_\_  
 7. Status of department (tick relevant column) ✓

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

8. Service History

Date of entry into government service	Date of initial appointment	Date of retirement/ superannuation	Period for which contribution of Benevolent Fund and Group Insurance was not paid	
			From	To

9. Date of Retirement \_\_\_\_\_ 10. Date of death of employee in service \_\_\_\_\_  
 11. Date of death after retirement \_\_\_\_\_ 12. Present /Postal Address. \_\_\_\_\_

13. Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email (if any): \_\_\_\_\_  
 14. Permanent Address. \_\_\_\_\_  
 15. NBP 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. \_\_\_\_\_

