



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

2. Present status of employee (tick relevant column)

In service	Retired						
	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. IBAN \_\_\_\_\_

16. Family detail:

Name of spouse/beneficiary	Father's/Husband's name	Name of bride / groom	Date of Nikah/marriage	Relation with employee

17. CNIC of spouse/beneficiary

18. It is certified that neither I nor my spouse have received marriage grant previously of my above named child.

19. CNIC of the Bride/Groom

( \_\_\_\_\_ )  
**Signature of the  
Employee/spouse/beneficiary**

**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 as per prescribed rates. The contents/information at Part-A above is correct as per record of this office. Moreover, he is neither a deputationist from any provincial government nor an uniform employee of Armed forces. It is also certified that this organization is covered under the provisions of FEB & GIF Act 1969.

In case of any incorrect above information, the department / applicant shall be responsible.

( \_\_\_\_\_ )  
**Signature and by name Stamp of  
Head of the Department/Authorized Officer  
(BPS 19 or above)**

**PART-C**

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. Two attested copies of latest salary/pay slip/ civilian pay roll (in case of civilian paid from defense showing BF and IF deductions on prescribed rate.
  - ii. Two attested copies of deputation order in case of deputationist employee.
  - iii. Two attested copies of Retirement orders / notification of the employee
  - iv. Two attested copies of Pension Payment Order (where Pension is not applicable a certificate of service record issued by the Head of the Department).
  - v. Two attested copies of CNIC of the employee, bride and groom.
  - vi. Two attested copies of NADRA form 'B' in case of age less than 18 years of child of employee
  - vii. Two attested copies of Death certificate of employee in case widow is applying for marriage grant
  - viii. Two attested copies of CNIC of widow/other family members applying for marriage grant.
  - ix. Two attested copies of Computerized Marriage Registration Certificate (CMRC) issued by Union Council in collaboration with NADRA.
  - x. Two attested copies of Manual Nikah Nama.
  - xi. Copy of cheque leaf containing IBAN (Joint account is not applicable)

Islamabad

Federal Employees Benevolent & Group Insurance Funds Benevolent Fund Building, Block A-1 Near Zero Point, Islamabad  
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Lahore

Federal Employees Benevolent & Group Insurance Funds Al janat Building 3<sup>rd</sup> Floor Nila Gumbad Lahore 042-99211402.

Karachi

Federal Employees Benevolent & Group Insurance Funds Al-Amara Centre 3<sup>rd</sup> floor Near Passport Office Sadar Karachi 021-99202327

**Note: Photocopy of this form can also be used.**