

Government of Pakistan
Establishment Division
Federal Employees Benevolent & Group Insurance Funds (FEB & GIF)
DCS-FORM

(FORM FOR DIRECT CREDIT OF BENEVOLENT GRANT THROUGH BANK ACCOUNT)

Beneficiary Information (To be filled in by the Beneficiary and verified by the HoD)

Case No. (Allotted by the concerned Regional Boards of FEB & GIF)			
Personal number (As per pay slip issued by AGPR/MAG/Department concerned)			
Parent department of the federal government employee			
Status of department (Ministry/Division/Attached department/subordinate office/ Autonomous, semi autonomous, corporation, council, commission etc)			
Name of Employee			
Father/Husband Name			
Employee CNIC		Basic Pay Scale	
Designation			
Pay (basic Pay + Technical Pay+ Special Pay + Qualification Pay + Personal Pay or any other emoluments reckoned for calculation of pension)			
Date of Birth of employee			
Date of first Appointment			
Date of Retirement			
Date of Death during service			
Date of Invalid retirement			
Date of Death after retirement			
Amount of Monthly Benevolent Grant (to be filled in by FEB&GIF)			
Date of commencement of the grant			
Period of Grant			
Name of Beneficiary(s)			
Date of Birth of beneficiary(s)			
Relation of Beneficiary(s) with the deceased/Invalid federal government employee			
Beneficiary CNIC#			
Residential Address and contact number (Current)			
Residential Address (Permanent)			
Beneficiary Email (for DCS emails)			
Cell # (for DCS SMS)			
Beneficiary NBP Bank Account Number (10 digit account Number)			
Name of concerned NBP Branch with code No and address			
I hereby accept to draw benevolent grant through direct credit system and have also submitted * Indemnity Bond to the bank.			
*The Beneficiary shall produce an Indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her bank account. The beneficiary would further undertake that his/her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his/her Account in full to such excess amount.			
Beneficiary's Signature/Thumb Impression			
Dated: _____			
To be verified by Head of Department (Under by Name Stamp, Designation, Signature & Date)			

Account Verification (To be verified by the Bank)

Account Title (Name)	Signature/Stamp of Bank Manager
Account No.	
Branch Name/Address	
Branch Code	
Indemnity Bond/Lien submitted by the Beneficiary	

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To be issued by FEB & GIF Regional Board

Acknowledgement Receipt No. _____	Signature of Officer
Dated: _____	