

1.

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

APPLICATION FOR EDUCATIONAL GRANT

UNDER RULE 25 AND 25-A OF THE FEB & GIF RULES 1972

(For children of serving/retired/deceased employees studying

in post matric studies excluding PhD) PART-A

| i | Name of employee | |
|---|------------------|--|
| L | Name of employee | |
| | | |

| | ii. | Father Name | | | | | | | | | | | | | | | | | | | | | |
|--------|---|-------------|--------------|--------|-------|--------|-------|----------|--------|-------|-------|--------|---------|-------|-------|-------|-------------|-------|---------|------------|---------|-------------|---|
| | iii. | Date | of Birtl | n of e | emplo | oyee | | | | | | | | | | | | | | | | | |
| | iv. | CNIC | C No. of | f | | | 1 | - | 1 | - | | T | | 1 | - | | | | | 1 | | _ | |
| | | Emp | loyee | | | | | | | | _ | | | | | | | | | | - | | |
| | v. | CNIC | C No. of | fг | | | | | | | | | | I | | | | | | | | Г | |
| | | Hust | band in | | | | | | | | - | | | | | | | | | | | | |
| | | case | of | | | | | | | | | | | | | | | | | | | | |
| | | Fem | ale Em | olove | e | | | | | | | | | | | | | | | | | | |
| | vi. | | gnation | | | | | | | | | В | PS | | 0 | 441 | | | | | | | |
| | | | 0 | | | | | | | | | | | | Gaze | ettea | IN | on-e | baze | etted | | | |
| | vii. | Pers | onal No | b. of | Emp | lovee | e (as | s ment | ion a | at th | e m | nontl | hly pay | /slip |) | | | | | | | | |
| | vii. Personal No. of Employee (as mention at the monthly pay slip) viii. Status of the employee. | | | | | | | | | | | | | | | | | | | | | | |
| | Permanent Temporary Deputationist | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Present status of employee (tick relevant column) ✓ | | | | | | | | | | | | | | | | | | | | | | |
| | | | In serv | | | | | | | | | , | Retire | he | | | | | | | | 1 | |
| | | | | 100 | SI | inera | anni | ation | No | orma | 1 | E | Retirem | | on | | ompu | ileor | v ro | tiron | oont | | |
| | | | \checkmark | | 00 | apere | | | | tirem | | | nedica | | | | ompe | 1301 | yic | uren | ion | | |
| | | L | | | | | | | Tet | | | | ileuica | i giu | unus | , | | | | | | J | |
| 3. | | Detail | of pay | | | | | | | | | | | | | | | | | | | | |
| 0. | | | | cial | Teo | chnic | al | Perso | nal | | Qu | alific | cation | 5 | Senio | r Pos | st | An | v O | ther | Pay | Total | |
| | | | | Pay | inai | | | Pay | | | llowa | | | | - | | e for | Pay | | | | | |
| | | .) | , | | | , | | , | | | | ~) | | - | | | | | pension | | | , | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | Mont | thly sub | scrir | otion | of th | e fo | llowing | n ora | nts | | | | | | | | | | | | | |
| | | | evolent | | | | | | | | iner | es) | Grou | n Ing | surar | nce F | und s | suhs | crin | tion | (Amc | unt in | |
| | | Done | | iana | oubt | oonp | | (/ 11100 | | 1110 | pot | 00) | Rupe | • | Jurui | 1001 | unu t | Juba | onp | uon | (/ 1110 | | |
| | | | | | | | | | | | | | Парс | ,00) | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | Nam | e of pre | sent | t den | artm | ent | | | | | | | | | | | | | | | | |
| 6. | | | e of cur | | | | | | | | | | | | | | | | | | | | |
| 7. | | | e of pa | | | | | | | | | | | | | | | | | | | | |
| 8. | | | us of de | | - | | | | olur | mn) | ~ | | | | | | | | | | | | |
| | der | | /ernme | - | non | | | vant | Joiui | | - | tone | mous | Sc | mi A | uton | omoi | IC | Co | rnor | ation | Others | - |
| | | | ivision | | acha | 4 | с. | ub ord | inote | | / (0 | | mous | | dy dy | aton | omot | 10 | 00 | por | anon | Ounors | |
| IVII | nist | y D | 10151011 | | ache | | | | male | • | | | | | uy | | | | | | | | |
| | | Com | | - | partn | nent | 0 | ffice | | | | | | | | | | | | | | | |
| 9. | | | ice Hist | | | | - | | | | | | | , | | | | | | 1.1.1 | | di di sa st | |
| | | fentry | into | | | initia | | | | | | | ement/ | | | | | | | | | ribution of | |
| • | | ment | | app | point | ment | t | | s | upei | ran | nuat | lion | | | | | | | | | Group | |
| ser | vice | | | | | | | | | | | | | | | | Insu | | | as r | not pa | | |
| From 7 | | | | | | | То | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | 1 | | |
| 10. | 0. Date of Retirement 11. Date of death of employee in service | | | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | | Duio | 01 000 | an an | | | | | | | | 10. | 110 | 0011 | 7100 | 1000 | ,. <u> </u> | | | | | | |
| 14. | | Perm | nanent | Addr | ess. | | | | | | | | | | | | | | _ | | | | |
| 15. | | | Bank A | | | | o. fo | or cred | lit of | grar | nt | | | | | | | | | | | | |
| | i. | | (Accou | | | | | | | - | | _ | | | | | | _ | | | | | |
| | | | | | | | | | | | | k Na | me: | Bra | anch | Cod | e (| |) | <u>A</u> c | dres | s of Branch | |
| | | | | | | | | | | | | | | | | | | | _Cit | ty: | | | |
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-: 2 :-

| ii | IBAN. |
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| 6. | Nan | ne of | widow | /spo | use /I | bene | eficia | ary of | f the | emp | oloye | e (in | cas | e of | deat | h of | emp | loye | e aft | erre | tiren | nent) |
|----------|------|---------|------------------|---------|--------|------|--------|--------|-------|-----|-------|-------|-----|------|------|------|-----|------|-------|------|-------|-------|
| | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Fath | her's/l | Husba | ınd's r | name | • | | | | | | | | | | | | | | | | |
| 7. 8. | | | Husba with th | | | | | | | | | | | | | | | | | | | |

20. Particulars of the education grant received last year from the FEB & GIF (tick relevant box)

| Educa | tion stipend/othe | er benefit post | Fee reimbursement specified for children | | | | | |
|-----------|-------------------|-----------------|--|-------------------|-----------------|--|--|--|
| Matric st | udies excluding | PhD under Rule | of serving/retired employees studying in | | | | | |
| 25 | of FEB & GIF R | ules, 1972 | BS | to MS / MPhil lev | vel Degree | | | |
| | | | Programmes specified under Rule 25-A of | | | | | |
| | | | FEB & GIF Rules, 1972 | | | | | |
| Amount | Class/Degree | Semester / Year | Amount | Class/Degree | Semester / Year | | | |
| | programme | | | programme | | | | |
| | | | | | | | | |

EMPLOYEE/SPOUSE/BENEFICIARY'S UNDERTAKING

I hereby solemnly affirm that:

- i) The application is submitted for the first time for payment of Educational Stipend/fee reimbursement for the year
- ii) I have been contributing to Benevolent Fund & Group Insurance Fund as per prescribed rates.
- iii) The above information is correct to the best of my knowledge and in case of any misleading information, I shall be responsible.

Dated:

(Signature of the employee/spouse/other beneficiary)

<u>PART-B</u> (To be filled in by the Head of Department of the employee)

| F. No | | | Dated: | |
|------------------------------|--------------------|---------------------------------------|---------------------------------|-------------|
| Certified that Mr./M his/her | rs | holds the post of | in this office an | d that |
| | | (Gazetted/Non-Gazetted) and is a | • | |
| | her a deputationis | st from any provincial government nor | an Armed forces uniform wearing | g employee. |

In case of any incorrect/fake information, the department / applicant shall be responsible and blacklisted for future benefits from this office and liable be preceded against under the rules.

() Signature and by name Stamp of Head of the Department/Authorized Officer (BPS 20 or above)

1. PARTICULARS OF STUDENT

| Student Name (in block letters) | | | | | | Father Name (in block letters) | | | | | | | R | Relation | | | | | |
|---------------------------------|--------------------|--|--|--|--|--------------------------------|--|--|--|--|--|--|---|----------|--|---|------------|----|--|
| | | | | | | | | | | | | | | | | S | on/Daughte | ər | |
| | | | | | | | | | | | | | | | | | | | |
| 2. CN | 2. CNIC OF STUDENT | | | | | | | | | | | | | | | | | | |

3. REGISTRATION NO.

4. PARTICULARS OF PRESENT STUDY

| Name and address of the institution where studying | Name of Board / University which has Accredited the institution | Certificate / Degree | Year of present studies / (In case of semester system, please write No. of present semester e.g. 1 st , 2 nd , 3 rd) | Date of commencement of the study program applied for payment | Duration of the Certificate / Degree |
|---|--|-------------------------|--|---|--|
| | | | | | |

5. DETAIL OF LAST CERTIFICATE/DEGREE/POSTGRADUATION FROM BOARD / HEC RECOGNIZED UNIVERSITY/INSTITUTION/COLLEGE

| Name and address of the Institution | Name of last examination | Academic | Board / University | Marks / 0 | Passed in Annual / | | | |
|--|--------------------------|----------|--------------------|-----------|-----------------------|---|------------------------------|--|
| last attended | passed | Session | Board / Oniversity | Total | Obtained | % | Supplementary examination | |
| | | | | | | | | |

6. POSTAL ADDRESS AND CONTACT NO. OF EMPLOYEE/BENEFICARY/APPLICANT

| Postal Address: Telephone No Email (if any): | Mobile No | | (Signature of the Student) |
|--|--|---------|--|
| | PAR | -D | (orginatare of the ordicent) |
| (To be fille | d in by the Head of the Educationa | | ere the student is enrolled) |
| 1. Certified that Mr./Miss | | | is a bonafide student of this college / |
| | | in | year / semester and that the particulars |
| furnished by him/her in Part "C" of the | s application form are correct. | | |
| 2. Certified that Mr./Miss | S/o/D/o | | had obtained marks / CGPA |
| during last year of studies / last two s | emesters, out of total marks / CGPA of | which i | n term of percentage comes to%. |
| His/her date of admission to the pres | ent programme is | | |

3. Certified that this college / institution / university is a Public /Private sector college / institution / university, recognized by

Postal Address and Contact No. of College / Institution / University:

| ontact No. of Conege / Institution / University: | |
|--|--|
| | Signature and by name Stamp of Head of the College / Institution / University |

Note:- It is clarified that if your child is studying in professional disciplines in public sector universities / colleges / institutes as specified in Rule 25-A then you are allowed to apply either for the benefit of Fee Reimbursement or for the benefit of Stipend (rate of educational stipend in professional studies at present is Rs. 40,000 per academic year per student on obtaining 70% marks), for your maximum of two children in a financial year. Both of the benefits are not allowed / paid at a time to a student. The educational benefit (either stipend or re-imbursement of fee) once opted to FEB & GIF for a student shall not be changed during the whole prescribed tenure/period of studies / degree programme.

Attested photo copies on A-4 size paper of the following documents alongwith covering/forwarding letter of department are to be submitted with this application:

| | Documents about employee | | Documents about Student | | | | | | |
|------------|---|------------|---|--|--|--|--|--|--|
| 1. | CNIC of employee and beneficiary | 1. | For degree programmes, copies of annual / semester result (for Islamic university course | | | | | | |
| 2. | In case of female employee, CNIC of her | | registration/permission form), (for COMSATS university progressive result) and transcript results | | | | | | |
| | Husband. (Both sides of all CNIC's must be | | verified by Vice Chancellor / Controller / Dy. Controller / Asstt. Controller (examination) / Registrar / Dy. | | | | | | |
| 3. | copied on A-4size paper(s)). Latest pay slip of employee attested by head of | | Registrar / Asstt. Registrar / HOD of the concerned subject or any authorized officer of the University / College / Institute including the Principal / Vice Principal. The verification would be made under official | | | | | | |
| з. | office/ DDO showing complete detail of BF & | | stamp and official landline number for subsequent confirmation/authenticity of the said verification. | | | | | | |
| | GI deductions (02 copies). | 2 | For degree programmes, copies of transcript / detailed marks sheet verified by Vice Chancellor / | | | | | | |
| 4. | In case of deputationist, copy of | z . | Controller / Dy. Controller / Asstt. Controller (examination) / Registrar / Dy. Registrar / Asstt. Registrar / | | | | | | |
| | deputation order/ notification. | | HOD of the concerned subject or any authorized officer of the University / College / Institute including the | | | | | | |
| 5. | In case of retired employee, Pension | | Principal / Vice Principal. The verification would be made under official stamp and official landline number | | | | | | |
| - | PaymentOrder and Retirement Order / | | for subsequent confirmation/authenticity of the said verification. | | | | | | |
| | Notification. | 3. | University / college / Institution admission offer letter. | | | | | | |
| 6. | In case of retired employee last pay slip | 4. | Copies of certificates of matriculation / intermediate shall be verified by the Principal / Vice Principal of | | | | | | |
| | showing complete detail of BF & GI | | concerned college / institute. | | | | | | |
| | deductions duly verified by DDO. | 5. | CNIC or Form 'B' of the student. (Both sides of CNIC must be copied on A-4 size paper) | | | | | | |
| 7. | In case of deceased employee, a copy | 6. | Original Bank paid fee Challans for fee reimbursement pasted on A-4 size paper. | | | | | | |
| | of Death Certificate. | 7. | In case of detail of fee is not given on fee challans, a certificate from the university Treasurer/AO/ | | | | | | |
| 8. | In case of death of both the employee and | | college / institute regarding detail of fee (i.e. tuition fee, registration fee, sports fee, library fee, lab.fee | | | | | | |
| | his/her spouse, copies of their death | _ | etc). | | | | | | |
| | certificates. | 8. | In case of online fee payment directly paid in the university account, fee challan showing detail of fee | | | | | | |
| 9. | In case of deceased employee Benevolent | | along with university verified copy of student ledger showing university A/C No. and detail of amount of | | | | | | |
| | fund card copy and pension payment order | | fee deposited for the specific semester for which reimbursement is being applied and copy of bank | | | | | | |
| 10. | <i>in favour of beneficiary.</i> List of family members. | | manager's verified statement of a/c of the applicant showing transfer of semester | | | | | | |
| 10. 11. | Divorce Deed (in case of separation of female | | fee into the university's a/c are required. | | | | | | |
| 11. | employee) | 9. | HSSC/Bachelor degree annual result (before improvement / supplementary) dulyattested. | | | | | | |
| 12. | Copy of cheque leaf containing IBAN (Joint | 10. | In case of loss of original fee challan, photocopy of challan attested by Bank and University along with an affidavit by the employee. | | | | | | |
| | account is not applicable) | | with an andavit by the employee. | | | | | | |
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| | Federal Fundauces Descurbert & Corum Jacunases Funda Descurbert Fund Duilding Diadu & 4 News Zero exist Jalamahad | | | | | | | | |
| | Federal Employees Benevolent | & Gro | bup Insurance Funds Benevolent Fund Building, Block A-1 Near Zero point, Islamabad. | | | | | | |