

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

<u>Application For Payment Of Farewell Grant on Retirement</u> (Superannuation/voluntary retirement)

PART-I

| ٠. | 1. | Name of employee | | | | | | | | | | | | | | | |
|---|------------------------|--|----------|--------------------------------------|--------|--------------------|--------|------------|------|-------|-----------|-------|-------|------|------|------|----------|
| | ii. | Father's/Husband's name | | | | | | | | | | | | | | | |
| | iii. | CNIC No. | | | | | | | | | | | | | | | |
| | iv. | CNIC No Date of Birth | | | | | | | | | | | | | | | |
| 2. | | Designation with BPS | | | | | | | | | | | | | | | |
| 3. | | Department | | | | | | | | | | | | | | | |
| 4. | | Last pay details as follows: | i. | Bas | ic Pa | | | | | | | | | | | | |
| | | | ii. | | | | | | | | | | | | | | |
| | | | iii. | | | | | | | | | | | | | | |
| | | | iv. | Per | sona | al Pay | · | | | | | | | | | | |
| | | | V. | Qualification Pay | | | | | | | | | | | | | |
| | | | vi. | Senior Post Allowance | | | | | | | | | | | | | |
| | | | vii. | Any Other Pay reckonable for pension | | | | | | | | | | | | | |
| 5. | | Date of entry into service | | | | | | | | | | | | | | | |
| 6. | | Date of retirement | | | | | | | | | | | | | | | |
| 7. | | Period for which contribution | ns to Be | enevo | lent a | and C | roup | o Ins | urai | nce F | unc | d we | re no | ot p | aid_ | | |
| | | | | | | | | | | | | | | | | | |
| (Please see S. No. 1(vii) of Part-III) 9. Interruption in service (if any) | | | | | | | oile N | | | | | | | | | | |
| | i. Bank Account title: | | | | | | | | | | | | | | | | |
| | ii. | | | | E | 3ranc | :h: | | | | | (| City: | | | | |
| | iii | . Account No. | | | | | | | | | | | | | | | |
| 12. | | In case of any incorrect infor | mation | , appl | icant | : shal | l be ı | respo | (| | natı | ıre (| of th | ne E | Emp | oloy |) ⁄ee |
| | | | | | | | | | | | | | | | | | |
| | | | | | РΔ | RT- | II | | | | | | | | | | |
| | | CFR | TIFICA | ATE F | | <u>RT-</u> HE I | | DΟ | F Ω | FFI | CE | | | | | | |
| F. I | No. | | TIFIC | ATE E | | | | <u>D O</u> | F 0 | FFI(| <u>CE</u> | | Dat | ted: | • | | |
| F. I | No. | CER Certified that the information co | | | BY T | HE I | HEA | | | | | | | | | | |

- Certified that the above named employee was neither a contingent paid/work charged, adhoc, contract employee, nor a deputationist from a Provincial Government / Autonomous Body. Further, it is certified that he/she was neither dismissed nor removed from service.
- 3. Certified that the above named employee is covered under the provisions of FEBF & GI Act, 1969, and had been contributing to the Benevolent & Group Insurance Fund for the last 25 years or above or 20 years (in case of employees retired on or after 1.9.2012). In case of any variation, the department will be responsible to pay back the amount of Farewell Grant.
- 4. Certified that the above named employee was not uniform employee of Armed forces at the time of retirement.
- 5. Certified that the farewell grant claim has been preferred for the first time.

PART III

 The claim shall be submitted under covering/forwarding letter alongwith two attested photo copies on A-4 size paper of following documents:-

| i. | Initial appointment letter of the employee | (Annex-I) |
|------|--|-------------|
| ii. | Last pay certificate duly countersigned by the Head of department | (Annex-II) |
| iii. | Retirement orders / notification of the employee | (Annex-III) |
| iv. | Pension Payment Order (where Pension is not applicable, a certificate | |
| | of service record issued by Head of the Department) | (Annex-IV) |
| ٧. | CNIC of the employee (Both sides of CNIC must be copied on A-4 size paper) | (Annex-V) |
| vi. | Last month schedule of recovery / deduction of Benevolent and Group | |
| | Insurance Funds contribution. | (Annex-VI) |
| vii. | Schedule of period during which contributions of Benevolent and Group | |
| | Insurance Funds were not paid, to be issued by the parent department. | (Annex-VII) |

| S. No. | Month for which contribution has not been paid/less paid | Pay |
|--------|--|-----|
| | | |

Signature of DDO