

اسٹنٹ پیکیج برائے شرعی و قانونی لواحقین - دوران ملازمت وفات شدگان وفاقی سرکاری ملازمین

- 1- وفات پانے والے سرکاری ملازم املازمہ کی سروس بک کو اپنے پاس سنبھال کر رکھیں، اس کے بغیر کوئی بھی واجبات نہیں ملتے۔
- 2- سب سے پہلے یونین کونسل / نادر کے نزدیکی دفتر سے ڈیپٹی سرفیکٹیٹ بنوائیں۔ اور سرفیکٹیٹ کی تصدیق شدہ کاپی متعلقہ تعلیمی ادارے / دفتر کو فوری جمع کروائیں۔ سرفیکٹیٹ بنواتے وقت اس بات کا خیال رکھیں کہ متوفی کا شناختی کارڈ نمبر، نام اور ولدیت یا زوجیت سروس ریکارڈ کے مطابق ہوں۔
- 3- یونین کونسل سے ڈیپٹی سرفیکٹیٹ بنوانے کے بعد محکمہ کی طرف سے ڈیپٹی نوٹیفیکیشن کے جاری ہونے سے پہلے کوئی بھی کارروائی عمل میں نہیں لائی جاسکتی۔
- 4- ڈیپٹی نوٹیفیکیشن جاری ہونے کے بعد سرکاری ملازمین کے مجاز لواحقین کو مندرجہ ذیل واجبات ادا ہوتے ہیں:-

نمبر شمار	مد	دوران ملازمت وفات کی صورت میں	سیکیورٹی سے وابستہ وفات کی صورت میں	ریمارکس
1-	لپ سم گرانٹ (یکشت رقم)	رقم	سکیل	رقم
		۲ تا ۱	۱۶ تا ۱	مبلغ تیس لاکھ روپے
		۱۰ تا ۵	۱۷	مبلغ پچاس لاکھ روپے
		۱۵ تا ۱۱	۱۸ تا ۱۹	مبلغ نوے لاکھ روپے
		۱۷ تا ۱۶	۲۰ تا ۲۲	مبلغ ایک کروڑ روپے
		۱۹ تا ۱۸		روپے مبلغ چوبیس لاکھ
		۲۲ تا ۲۰		روپے مبلغ تیس لاکھ
				روپے

۲- سو فیصد پنشن برائے قانونی وراثتاء (سروس اور بنیادی تنخواہ کے حساب سے)۔ اگر سروس دس سال سے کم ہو تو پنشن دس سال سروس کے مطابق لاگو ہوگی۔

۳-	رہائش	سرکاری ملازم کی 60 سال عمر تک سرکاری مکان یا ہائرڈ مکان کا کرایہ کا برقرار رکھنا
۴-	ایجوکیشن	تمام بچوں کے لئے پبلک / گورنمنٹ اداروں میں گریجویٹن تک فری تعلیم بشمول رہائشی الاؤنس
۵-	پلاٹ کی فراہمی	پلاٹ کی الاٹمنٹ میں سابقہ ۲ فیصد کو ختم کر دیا گیا ہے۔ اب پلاٹ کی مد میں مندرجہ ذیل سکیل کے مطابق یکمشت مجموعی رقم دی جائیگی۔ بشرطیہ کہ اس سے پہلے کوئی سرکاری پلاٹ الاٹ نہ کیا گیا ہو۔ (متعلقہ اداروں سے NOC فراہم کرنا لازمی ہے)
		رقم
		سکیل
		۸ تا ۱
		مبلغ بیس لاکھ روپے

		مبلغ پچاس لاکھ روپے	۱۶ تا ۹		
		مبلغ ستر لاکھ روپے	۲۲ تا ۱۷		
۶۔	ملازمت	بیوہ یارنڈوایا ایک بچے کے لئے سکیل اتا ۱۵ کی آسامی پر پانچ سال کنٹریکٹ کی بنیاد پر ملازمت جس میں ملازمت کی مستقلی یا ۲۰ سال کی عمر تک توسیع کی جاسکتی ہے۔ نوٹ: - مستقل ملازمت حکومتی پالیسی و طریقہ کار کے مطابق، تقابلی ٹیسٹ و انٹرویو کے بعد میرٹ کی بنیاد پر ہوگا۔ ۲۔ بیوہ کی دوسری شادی کی صورت میں ملازمت ختم کی جائیگی۔ ۳۔ ایک کیڈر پر تقرری ہونے کے بعد، کیڈر بعد میں قابل تبدیلی نہیں ہے۔ ۴۔ متوفی کا بیوہ، رنڈوایا ایک بچہ اپنی کے تقرری ہونے کے بعد کسی اور فرد کو یہ سہولت نہیں دی جائیگی ۵۔ متوفی کے بہن ۱ بھائی اس سہولت کے مستحق نہیں ہیں۔			
۷۔	میرٹج گرانٹ	متوفی کے ایک بچی کی شادی کے لئے مبلغ آٹھ لاکھ روپے دیئے جائینگے۔			
۸۔	صحت کی سہولیات	دوران ملازمت استحقاقی تمام افراد کیلئے مفت علاج معالجہ کی سہولیات			
۹۔	ہاؤس بلڈنگ، یا کسی بھی مد میں الاٹ کردہ ایڈوانس	متعلقہ اتھارٹی سے ہاؤس بلڈنگ، کار، موٹر سائیکل یا سائیکل کی مد میں ایڈوانس ملنے کی صورت میں (متعلقہ مجاز افسر کی منظوری کی صورت میں) غیر ادا شدہ رقم کی معافی			
۱۰۔	بینوولینٹ فنڈ سے سپنل لپ سم (یکمشت) رقم	سکیل	یکمشت (روپے)	مجموعی رقم	
		۱۰ تا ۱	مبلغ دو لاکھ روپے		
		۱۶ تا ۱۱	مبلغ تین لاکھ روپے		
		۱۹ تا ۱۷	مبلغ چار لاکھ روپے		
		۲۲ تا ۲۰	مبلغ پانچ لاکھ روپے		

11-	بینوولینٹ فنڈ سے ماہانہ عطیہ	پے سلیب (روپے)	عطیہ (روپے)	عطیہ (روپے)
		5000 تک	4000/-	8000/-
		5001 - 5500	4150/-	8300/-
		5501 - 6000	4300/-	8600/-
		6001 - 6500	4450/-	8900/-
		6501 - 7000	4600/-	9200/-
		7001 - 7500	4750/-	9500/-
		7501-8000	4900/-	9800/-
		8001-8500	5050/-	10100/-
		8501-9000	5200/-	10400/-
		9001-9500	5350/-	10700/-
		9501-11000	5600/-	11200/-
		11001-13000	5900/-	11800/-
		13001-15000	6200/-	12400/-
		15001-17000	6500/-	13000/-
		17001-19000	6800/-	13600/-
		19001-21000	7100/-	14200/-
		21001-23000	7400/-	14800/-
		23001-25000	7700/-	15400/-
		25001-27000	8000/-	16000/-
		27001-29000	8300/-	16600/-
		29001-31000	8600/-	17200/-
		31001-33000	8900/-	17800/-
		33001-35000	9200/-	18400/-
		35001-37000	9500/-	19000/-
		37001-39000	9800/-	19600/-
		39001 & above	10100/-	20200/-

۱۲-	جی پی فنڈ	صرف واجب الادا رقم متوفی کے لواحقین کو ادا کی جائیگی۔ اس مقصد کے لئے متعلقہ دفتر تعلیمی دارے سے مطلوبہ دستاویزات کے ہمراہ رابطہ کریں۔
۱۳-	لیوا بینکیشنٹ	زیادہ سے زیادہ ۳۶۵ دن یا جتنے دن لیوا کاؤنٹ میں چھٹیاں بقایا ہیں، کے برابر آخری بنیادی تنخواہ کے مطابق لیوا بینکیشنٹ

مطلوبہ دستاویزات / چیک لسٹ

-6

نمبر شمار	دستاویز	د
۱-	As per Anx-A	لپ س گرانٹ (یکشت عطیہ)
۲-	As per Anx-B	پینشن
۳-	As per Anx-C	رہائش
۴-	As per Anx-D	تعلیم
۵-	As per Anx-E	پلاٹ کی فراہمی
۶-	As per Anx-F	کٹریکٹ کی بنیاد پر ملازمت
۷-	As per Anx-G	میرٹج گرانٹ
۸-	As per Anx-H	مفت علاج معالجہ کی سہولیات
۹-	As per Anx-I	ہاؤس بلڈنگ و دیگر ایڈوانسز
۱۰-	As per Anx-J	بینو لینٹ سے سپیشل لپ س (یکشت) عطیہ
۱۱-	As per Anx-K	بینولینٹ فنڈ سے ماہانہ عطیہ
۱۲-	As per Anx-L	جی پی فنڈ
۱۳-	As per Anx-M	لیوا بینکیشنٹ

7- سیکورٹی ڈیوٹی سے مراد دہشت گردی کے نتیجے میں دہشت گردوں کا مقابلہ یا سامنا کرتے ہوئے موت ہے۔ اس بات سے قطع نظر کہ متوفی لاء انفورسمنٹ ایجنسی (Law Enforcement Agency) کا ملازم تھا یا سول ملازم۔ لاء انفورسمنٹ ایجنسی کے ملازم کی وفات اگر دہشت گردوں کی کارروائی کے علاوہ ہوئی ہو تو وہ دوران ملازمت عام موت ہوگی۔

8- تمام مالی عطیات مجاز اداروں سے منظوری اور فنڈز کی ادائیگی کے بعد ادا کئے جائیں گے۔

9- یہ حکمت عملی مورخہ ۰۹ فروری ۲۰۱۵ سے لاگو ہے۔ اس سے پہلے فوت شدگان وفاقی / سرکاری ملازمین کے لواحقین کو ۲۰۰۶ والی پالیسی کے مطابق مراعات مندرجہ بالا طریقہ کار و دستاویزات کی فراہمی پر دی جائیں گی۔

اللہ ہم سب کا حامی و ناصر ہو۔ آمین

ڈائریکٹر جنرل

فیڈرل گورنمنٹ ایجوکیشنل انسٹیٹیوٹس (کیٹوٹس) گیریزن ڈائریکٹوریٹ

راولپنڈی کینٹ

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT

APPLICATION FORM FOR PAYMENT OF LUMP SUM GRANT

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Next of Kin & home address	
7.	Mobile No.	
8.	Relationship with the deceased Employee	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF INSTITUTION/ OFFICE CONCERNED)

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) ; the appropriate Box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
1.	Attested copy of death certificate issued by Union Council/ NADRA	<input type="checkbox"/>
3.	Attested photocopies of CNIC of the Nominee	<input type="checkbox"/>
4.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
5.	Nikahnama (in case of widow/ widower)	<input type="checkbox"/>
6.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/-. In case of any dispute, attested copy of succession certificate will be provided.	<input type="checkbox"/>
7.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT

APPLICATION FORM FOR PAYMENT OF PENSION

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Next of Kin & Home address	
7.	Mobile No.	
8.	Relationship with the deceased Employee	

Note. Relevant documents as per check list mentioned below must be attached application form.

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF INSTITUTION/ OFFICE CONCERNED)

It is certified that:-

- a. The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- b. All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- a. The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- b. All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

RESTD

CHECK LIST OF DOCUMENTS REQUIRED – FOR PENSION

(3 X COPIES OF EACH DOCUMENT MUST BE ATTACHED)

Ser	Document	Tick (√) the appropriate Box
1.	Application. Specimen attach as Appendix-I	
2.	Pension Form (Form-25 A (Revised 2016). Specimen attach as Appendix-II	<input type="checkbox"/>
3.	Form PAFA-357 duly verified by the CMA concerned attach as Appendix-IV	<input type="checkbox"/>
4.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
5.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
6.	Attested photocopy of death certificate issued by NADRA	<input type="checkbox"/>
7.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
8.	List of Family Members. (Specimen attached as Appendix-V)	<input type="checkbox"/>
9.	Attested photocopies of CNIC of next of kin	<input type="checkbox"/>
10.	Nikahnama (in case of widow/ widower)	<input type="checkbox"/>
11.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/-. In case of any dispute, attested copy of succession certificate/ Court's Judgment.	<input type="checkbox"/>
12.	Affidavit regarding Non-Separation/ Non Re-Marriage on stamp paper (in original)	<input type="checkbox"/>
13.	Unmarried/ widow / widower Certificate from Nikah Registrar duly countersigned by Secretary Union Council	<input type="checkbox"/>
14.	No Demand Certificate	<input type="checkbox"/>
15.	Specimen Signatures/ Thumb & fingers impression. (Specimen attached as Appendix-VI)	<input type="checkbox"/>
16.	Option for for direct credit system (in original). (Specimen attached as Appendix-VII)	<input type="checkbox"/>
17.	PAF-445 - Last Pay Certificate (LPC) duly verified by the CMA concerned. (Specimen attached as Appendix-VIII)	<input type="checkbox"/>
18.	Fresh passport size photographs	<input type="checkbox"/>
19.	NOC/ Clearance Certificate from CSD Head Office (in original) or Certificate by DDO regarding non-withdrawal of any goods from CSD through Hire Purchase Scheme.	<input type="checkbox"/>
20.	Copy of Last month Pay Slip/ Pay Bill	<input type="checkbox"/>
21.	Certificate regarding not re-marriage from Nikah Registrar duly countersigned by Secretary Union Council	<input type="checkbox"/>
22.	Service Book (in original) alongwith attested copies	<input type="checkbox"/>
23.	Any other document required	<input type="checkbox"/>

SPECIMEN OF APPLICATION FOR FAMILY PENSION

(To be filled in and signed by the applicant himself)

The Director General
FGEI (C/G) Directorate
Sir Syed Road Rawalpindi Cantt

Dear Sir

1. It is humbly stated that my Husband/ Wife/ Father/ **Mother** (Late) _____ Ex-_____ FG Public School/Office _____ has expired on _____ (date) in service (death certificate attached). I, therefore, request that the family pension admissible under the rules may kindly be sanctioned/ transferred to me.

2. List of my family member is given below:-

Ser	Name	Relationship with the deceased	CNIC No.	Age/date of Birth	Marital Status
a.	ABC	Widow/ widower			Widow/ widower
b.	DEF	Son			Unmarried
c.	GHJ	Daughter			Unmarried
d.					
e.					

Note: Disability / Mental certificate (if any) must be attached.

3. It is hereby informed that family pension may be transferred/ credited by the Accounts Office in the _____ (Bank) _____ (Branch) _____ City _____ (Branch Code) Account No. _____

(DCS form, where applicable, is enclosed).

UNDERTAKINGS

- Under Article 351 (B) of CSR:** I do hereby undertake that government may, within one year from the issue of Pension Payment Order, recover any of its dues from the pension granted to me.
- In pursuance of Article 911 of CSR:** I do hereby declare that I have neither applied for nor received any family pension in respect of any portion of the service included in this application and in respect of which family pension is claimed herein, nor shall I submit any application hereafter without quoting a reference to this application and to the order which may be passed thereon.
- Under Article 920(1) of CSR:** I hereby undertake to refund if the amount of family pension granted to me afterwards found to be in excess of that to which I am entitled under the regulation.
- Under Article 922(a) of CSR:** I do hereby declare that I have not received any family pension in respect of any portion of the service included in this application (in case of anticipatory pension only).

Date: _____ Thumb : _____
Impression

Name: _____
Signature: _____
CNIC# _____

Note: Application to be verified by Pension Sanction Authority / DDO

SPECIMEN

Form -25A (Revised, 2016)

FAMILY PENSION FORM

[To be issued by the Appointing Authority / Pension Sanctioning Authority in the event of in-service death of a government servant / death of pensioner]

Subject: SANCTION OF WIDOW/ DAUGHTER /FAMILY PENSION IN CASE OF IN-SERVICE DEATH OF
GOVERNMENT SERVANT / DEATH OF THE PENSIONER.

IN SERVICE DEATH

It is mentioned that Mr./Mrs/Ms. _____ S/O, W/o,D/o _____ Designation/Post held _____ drawing Pay/ Emoluments _____ (reckonable toward pension), in BS _____ (Please indicate kind of appointment i.e. Regular/Officiating or Acting charge/Current charge w.e.f _____) Personnel No. _____ CNIC No. _____ lastly posted at (office) _____ place of Posting _____ has expired on _____ while in service.

DEATH OF WIFE OF PENSIONER

Mst _____ W/O _____ residing at _____ designation at the time of retirement _____) drawing pension vide PPO No. _____ CNIC No. _____ drawing pension Rs. _____ /- per month from _____ (Bank) _____ Branch Account No. _____ has expired on _____ His date of birth is _____ date of retirement from Government Service _____ and date of sanction of family pension is _____

A. Family Pension Calculation

(In service death)

Gross Pension Rs. _____
Family Pension @75% of Rs. _____
Gratuity 1/4th (of Gross pension) Rs. _____

Other Benefits:-

- i) _____ Rs. _____
- ii) _____ Rs. _____
- iii) _____ Rs. _____

B. Family Pension Calculation

(on death of pensioner)

Gross Pension Rs. _____
Family Pension @75% of Rs. 5063/- on June 2015

- (1) His date of birth is _____ date of 1st entry into government service is _____ EOL availed during service is _____. His total length of qualifying service for pension comes to ____ years ____ months ____ days.
- (2) Certified that no inquiry is pending against the deceased employee.
- (3) Certified that no Demand / Recovery is outstanding against the deceased.
- (4) Certified that Advances drawn by the deceased (if any) have been fully repaid or waived off.
- (5) As per record, it is verified that Mr/ Ms/ Mst. _____ CNIC No. _____ is bonafide family member entitled to family pension of Mr. (Late) _____, ex _____ and his family pension may be transferred/ credited in Bank _____ (Code- _____) Account No. _____ (as opted).
- (6) Administrative and financial sanction for grant of family pension/gratuity is hereby accorded.

Following documents are attached

- 1. Pension application along with three attested photographs, as "Annex-B"
- 2. Death Certificate
- 3. Death Notification.
- 4. Original PPO/FPPO of deceased Pensioner.
- 5. Last pay Certificate (LPC)/Last Pension Payment Certificate.
- 6. Pension contribution receipts / Bank Challan/ acceptance certificate (in service death)
- 7. Original service book along with its attested copy/ service statement (in case of Gazetted Government servant) (In service death).
- 8. N.D.C from state office in case of Government accommodation.

Date: _____

Signatures with stamp _____
(DDO)

Date: _____

Signatures with stamp _____
(Regional Director/ Deputy Director/ GSO-1)

COUNTERSIGNED

Date: _____

(Signature [By NAME] with stamp
Pension Sanctioning Authority)

- 1. The AGPR/ Accounts Office is requested to grant family pension and endorse a copy of computerized family pension payment order (C.F.P.P.O) to this office. The **original Pension Book** after recording necessary entries regarding issuance of FPPO may also be returned to this office.
- 2. Mr. _____ **Only.** You are hereby informed that your first monthly pension shall be transferred / credited by the Account Office in the Bank _____ **Branch** _____ (Code- _____) in Account No. _____ as opted by you.

Important: As per requirement every pensioner is bound to provide life certificate / Non-marriage certificate to his/ her bank on or before 10th March and 10th Sep of each year (Specimen attached as Appendix-III).

NO MARRIAGE/ RE-MARRIAGE CERTIFICATE

(This certificate is to be furnished on or before 10th March and 10th September of each year to the concerned bank/ post office/ treasury (pension payment office) in person or through representative or by post/ courier service)

I, _____ widow/ widower/ daughter of (Late)Mr. _____

Ex- _____

_____ holder of Pension Payment Order No. _____ hereby solemnly declare that:-

- 1) I am still live and having good physical and health condition.
- 2) I have not yet been married/ re-married.

Date: _____

(Pensioner's Signature/Thumb Impression)

Phone No. _____

Address: _____

FGEI (C/G) DIRECTORATE SIR SYED ROAD RAWALPINDI CANTT

LIST OF FAMILY MEMBERS IN RESPECT OF

MR. _____

OFFICE/ INSTITUTION _____

Ser	Name	Relationship	Age/ D/O Birth	Prefession	
1.					
2.					
3.					
4.					
5.					
6.					

Date: _____

Signature _____
Name: _____

COUNTERSIGNATURES

Date: _____

Signature _____
Name/ Office Stamp of DDO: _____

Date: _____

(Signatures of attesting officer)
Name: _____
Stamp _____

SPECIMEN SIGNATURES IN RESPECT OF

MR. _____

OFFICE/ INSTITUTION: _____

COUNTERSIGNATURES

Date: _____

Signature _____
Name/ Office Stamp of DDO: _____

THUMB AND FINGERS IMPRESSION

(RIGHT HAND FOR FEMALE & LEFT HAND FOR MALE)

IN RESPECT OF MR. _____

OFFICE/ INSTITUTION: _____

- | | | | | | |
|----|---------------|-------|----|---------------|-------|
| 1. | Little Finger | | 2. | Ringer Finger | |
| 3. | Middle Finger | | 4. | Fore Finger | |
| 5. | Thumb | | | | |

Date: _____

Signature _____
Name: _____

COUNTERSIGNATURES

Date: _____

Signature _____
Name/ Office Stamp of DDO: _____

OPTION FOR DIRECT CREDIT SYSTEM OF PENSION THROUGH BANK ACCOUNTS

Pension Information (To be filled in by the Pensioner)

PPO No.	
SAP Personnel No.	
Accounts Office (From where PPO Originally issued)	CMP Lahore Cantt
Name of Pensioner	
Father / Husband Name	
Family Pensioner's Name	
Spouse / Father / Mother Name	
Pensioner's NIC Old No.	
Pensioner's NIC No.	
Family Pensioner's C. N.I.C No.	
Residential Address (Current)	
Residential Permanent Address	
Designation & Grade at the time of Retirement	
Ministry / Division / Deptt / Office	Ministry of Defence/ (FGEI(C/G) Directorate Sir Syed Road Rwp Cantt
Present Bank/ Post Office Name/ Branch/ City & Branch Code No.	

I hereby opt to draw pension through Direct Credit System (DCS) and have also submitted the following:-

1. Indemnity Bond to the bank.
2. The pensioner has produced an indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his / her pension Account.

Note: The pensioner would further undertake that this / her legal heirs, successor, executor shall be liable to refund excess amount, if any credited to his / her pension Account either in full or in installments (as decided mutually) equal to such excess amount.

Dated: _____

(Pensioner's Signature / Thumb Impression)

ACCOUNT VERIFIED (TO BE VERIFIED BY THE BANK)

Account Title Name	
Account No	
Branch Name / Address	
Branch Code	
Indemnity Bond submitted by the Pensioner	

Date: _____

Signature/ Stamp of Bank Manager

TO BE ISSUED BY ACCOUNTS OFFICE

Acknowledge Receipt No _____ Signature of Officer _____

Dated _____

RESTD

PHOTOGRAPHS IN RESPECT OF

MR. _____
Office/ Institution: _____



Date: _____

Signature _____
Name: _____

COUNTERSIGNATURES

Date: _____

Signature _____
Name/ Office Stamp of DDO: _____

ATTESTED PHOTOCOPY OF COMPUTERIZED NATIONAL IDENTITY CARD

MR. _____
OFFICE/ INSTIUTION: _____
N.I.C No. _____

Date: _____

Signature _____
Name: _____

COUNTERSIGNATURES

Date: _____

Signature _____
Name/ Office Stamp of DDO: _____

SPECIMEN - LAST PAY CERTIFICATE

1.	Personal/ Cptr No		2.	Name	
3.	BPS		4.	Designation	
5.	Present Office/ Department		6.	Proceeding on/ to	
7.	Proceeding on Retirement/ Transfer or SOS due to death		8.	On (Date)	
9.	Made over charge of duties on (Date)	_____ (Date) (FN/ AN)	10.	Office notification/ order No.	
11.	Date of last increment				

12. As per entitlements, less deductions are shown below:-

Entitlement	Rate Per Month (Rs)	Deduction	Rate per Month (Rs)
Basic Pay		GP Fund Sub A/C	
Personal Pay (if any)		GP Fund Advance	
House Rent Allowance		Balance GP Fund	
Conveyance Allowance		Ben Fund Subs	
Medical Allowance		Income Tax	
Adhoc Relief – 2016		Group Insurance	
Adhoc Relief - 2017		Motor Car Advance (Installments)	
Adhoc Relief - 2018		Motor Bike Advance (Installment)	
Adhoc Relief - 2019		Bicycle Advance (Installment)	
Adhoc Relief – 2020			
Total Gross Pay		Total Deduction	

13. Net amount payable: **Rs:** _____

14. Last pay claimed through pay Bill No. _____

15. No. recovery/ recoveries (if any) noted below:-

a. Nature of recovery/ Amount of interest _____

b. How to be recovered (in lump sum or in installments) Amount of Installment Rs. _____ per month.

16. Total amount of taxable income to date last paid during current financial year Rs. _____

Income tax recovered _____

Dated: _____

Signature and Designation of
Head of the Deptt or Office of
The with official with seal stamp

COUNTERSIGNED
(Controller of Military Accounts)

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR PAYMENT OF **RETAINING GOVT/ HIRED ACCOMODATION/ HOUSE RENT**
ALLOWANCE

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Rate of HRA/ Hiring	
7.	Full Name of Next of Kin & home address	
8.	Mobile No.	
9.	Relationship with the deceased Employee	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF INSTITUTION/ OFFICE CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) the appropriate Box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested photocopy of death certificate of deceased issued by NADRA	<input type="checkbox"/>
4.	Attested copy of sanctioning/ extension letter of hiring issued by FGEI (C/G) Dte	<input type="checkbox"/>
5.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
6.	Attested photocopies of CNIC of next of kin with home address	<input type="checkbox"/>
7.	Nikahnama (in case of widow/ widower)	<input type="checkbox"/>
8.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/- In case of any dispute, attested copy of succession certificate will be provided.	<input type="checkbox"/>
9.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR PAYMENT OF FREE EDUCATION

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Next of Kin with home address	
7.	Mobile No.	
8.	Relationship with the deceased Employee	
Note. Relevant documents as per check list mentioned below must be attached application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

(TO BE FILLED BY HEAD OF INSTITUTION WHERE CHILD STUDYING)

1.	Name of Child				
2.	Name of Institution where studying				
3.	Status (Govt/ Pvt)				
4.	Class/ Sec				
5.	Group (Sc/ Arts/ Cptr/ Subjects)				
6.	Academic Year		From		To
7.	Result	Total Mks		Obtained Mks	Status (Passed/ Failed)

Certified that the above mentioned information is correct as per record of this institutions.

Date: _____

Signature/ stamp of Head of Institution _____

PART-IV

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

RESTD

CHECK LIST OF DOCUMENTS REQUIRED - FREE EDUCATION

Ser	Document	Tick (✓) the appropriate Box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested copy of death certificate of deceased employee issued by NADRA	<input type="checkbox"/>
4.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
5.	Form 'B' of children	<input type="checkbox"/>
6.	Attested photocopy of Result/ Mark Sheet	<input type="checkbox"/>
7.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR PAYMENT OF LUMP SUM GRANT IN LIEU OF PLOT

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Next of Kin with home address	
7.	Mobile No.	
8.	Relationship with the deceased Employee	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) the appropriate Box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Dte	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested copy of death certificate issued by NADRA	<input type="checkbox"/>
4.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
5.	Attested photocopies of CNIC of the Nominee	<input type="checkbox"/>
6.	Nikahnama (in case of widow/ widower)	<input type="checkbox"/>
7.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/-. In case of any dispute, attested copy of succession certificate will be provided.	<input type="checkbox"/>
8.	NOC from CDA, FGEHF, PHA duly countersigned by DDO & GSO-1	<input type="checkbox"/>
9.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR APPOINTMENT ON CONTRACT BASIS (BPS-1 TO 15)

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Applicant with complete home address	
7.	Mobile No.	
8.	Relationship with the deceased Employee	
9.	Date of Birth (Applicant)	
10.	Domicile (District/ Province)	
11.	Academic Qualification	
12.	Professional qualification (if any)	
13.	Vocation Skill Qualification (Computer/ Typing Shorthand etc)	
14.	Post applied for (Decision of FGEI Dte will be final and will not be challenged in court of law)	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of _____
Head of Office/ Institution

PART-III

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is Certified that:-

- The a/n indl has been given practical test and interviewed by the undersigned and found **suitable/ unsuitable (Strick out which is not applicable)** for the post of _____.
- Name of Institution where vacancy exist _____
- All the docus (as per check list) have been checked and found correct.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED - APPOINTMENT ON CONTRACT BASIS (BPS-1 TO 15)

<u>DECEASED EMPLOYEE</u>		
Ser	Documents Required	Tick (<input checked="" type="checkbox"/>) the appropriate box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested copy of Death Certificate of deceased employee issued by NADRA	<input type="checkbox"/>
3.	Attested photocopies of CNIC	<input type="checkbox"/>
<u>CANDIDATE</u>		
1.	Attested photocopy of CNIC	<input type="checkbox"/>
2.	Attested photocopy of domicile	<input type="checkbox"/>
3.	Attested photocopy of Family Registration Certificate issued by NADRA	<input type="checkbox"/>
4.	Attested photocopy of all Educational/ Professional Qualification Certificates	<input type="checkbox"/>
5.	Relevant Affidavit on stamp paper worth Rs. 50/- (samples attached as Appendix-I to III). In case of any dispute, attested copy of succession certificate/ court's judgment will be provided.	<input type="checkbox"/>
6.	Attested photocopy of Nikahnama (in case of Widow/ Widower only).	<input type="checkbox"/>
7.	Any other document	<input type="checkbox"/>
8.		<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR PAYMENT OF MARRIAGE GRANT

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Daughter with home address	
7.	Mobile No.	
8.	Date of Birth	
9.	CNIC, Name, father's name & complete address of bridegroom (Dulha)	
10.	Date of Marriage/ Nikah	

Note. Relevant documents as per check list mentioned below must be attached with application form.

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) the appropriate Box
1.	Attested copy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased FGEI Employee	<input type="checkbox"/>
3.	Attested photocopies of CNIC of the Daughter for whom marriage grant claimed	<input type="checkbox"/>
4.	Attested photocopy of CNIC of bridegroom	<input type="checkbox"/>
5.	Attested copy of Family Registration Certificate issued by NADRA	<input type="checkbox"/>
6.	In case of polygamy (more than one wife), attested copy of succession certificate/ court's judgement.	<input type="checkbox"/>
7.	Attested copy of marriage certificate issued by NADRA	<input type="checkbox"/>
8.	Attested copy of Nikahnama	<input type="checkbox"/>
9.	Any other document required	<input type="checkbox"/>

نمونہ بیان حلفی برائے کنٹریکٹ اپائنٹمنٹ

(برائے بیوہ)

- 1- میں مسماة _____ زوجہ/بنت _____ شناختی کارڈ نمبر _____، حلفیہ بیان دیتی ہوں کہ:-
- ا- میں متونی _____ جو کہ FGEI (C/G) Directorate Rawalpindi میں بحیثیت _____ (بی پی ایس _____) کے ملازم تھے اور مورخہ _____ کو بقضائے الہی دوران ملازمت وفات پا گئے کی شرعی و قانونی بیوہ ہوں۔
- ب- میری تاحال دوسری شادی نہیں ہوئی اور نہ ہی میں دوسری شادی کا ارادہ رکھتی ہوں۔ اور یہ کہ دوبارہ شادی ہونے کی صورت میں، میں مجاز افسران کو تحریراً مطلع کرونگی۔
- ج- میں کسی سرکاری محکمہ میں مستقل یا عارضی ملازمت نہیں کرتی۔
- د- میں پاکستان میں کسی بھی جگہ تعیناتی کے لئے رضامند ہوں۔
- ذ- میں پرومیشن پیرنڈ کے دوران NITB سے 3 x weeks basic IT course (including MS Office) مکمل کرونگی۔ (برائے UDC/LDC پوسٹس صرف)
- ش- اگر میں نے کسی مرحلہ پر ملازمت چھوڑ دی تو اس کے بعد میری اولاد میں سے کوئی بھی اس سہولت کے لئے درخواست نہیں دیگا۔
- 2- مندرجہ بالا معلومات میرے علم کے مطابق درست اور حقیقت پر مبنی ہیں۔ کسی بھی مرحلہ پر غلط ثابت ہونے پر میں تادیبی و قانونی کارروائی کی مستحق ہوگی۔

دستخط بیوہ _____ نشان انگوٹھا بیوہ _____
(بایاں ہاتھ)

گواہان:-

- 1- دستخط _____ نام _____ شناختی کارڈ نمبر _____ (کا پی لف کریں)
پتہ _____
فون نمبر _____
- 2- دستخط _____ نام _____ شناختی کارڈ نمبر _____
پتہ _____
فون نمبر _____

(تصدیق کنندہ)

(ادھہ کمشنر/نوٹری پبلک)

بیان حلفی برائے کنٹریکٹ اپائنٹمنٹ

(برائے رنڈوا)

1- میں مسمی _____ ولد _____ شناختی کارڈ نمبر _____، حلفیہ بیان دیتا ہوں کہ:-

ا۔ میں مسماة _____ جو کہ FGEI (C/G) Directorate Rawalpindi میں بحیث _____

(بی پی ایس _____) کی ملازمہ تھیں اور مورخہ _____ کو بقضائے الہی دوران ملازمت وفات پا گئیں، کاشرعی وقانونی رنڈوا ہوں۔

ب۔ میں کسی سرکاری محکمہ میں مستقل یا عارضی ملازمت نہیں کرتا۔

ج۔ میں پاکستان میں کسی بھی جگہ تعیناتی کے لئے رضامند ہوں۔

د۔ میں پرومیشن پیرنڈ کے دوران NITB سے 3 x weeks basic IT course (including MS Office) سے

مکمل کرونگا۔ (برائے UDC/LDC پوسٹس صرف)

ش۔ اگر میں نے کسی مرحلہ پر ملازمت چھوڑ دی تو اس کے بعد میری اولاد میں سے کوئی بھی اس سہولت کے لئے درخواست نہیں دیگا۔

2- مندرجہ بالا معلومات میرے علم کے مطابق درست اور حقیقت پر مبنی ہیں۔ کسی بھی مرحلہ پر غلط ثابت ہونے پر میں تادیبی وقانونی کارروائی کا مستحق ہونگا۔

دستخط _____ نشان انگوٹھا _____
(دایاں ہاتھ)

گواہان:-

1- دستخط _____ نام _____ شناختی کارڈ نمبر _____ (کاپی لف کریں)

پتہ _____

فون نمبر _____

2- دستخط _____ نام _____ شناختی کارڈ نمبر _____

پتہ _____

فون نمبر _____

(تصدیق کنندہ)

(اوتھ کمشنر/نوٹری پبلک)

بیان حلفی برائے کنٹریکٹ اپائنٹمنٹ

(برائے بچہ اپچی)

1. میں مسمیٰ / مسماة _____ ولد / بنت _____ شناختی کارڈ نمبر _____، حلفیہ بیان دیتا / دیتی ہوں کہ:-
 ا۔ میرے والد / امیری والدہ مسمیٰ / مسماة _____ جو کہ Directorate FGEl (C/G) میں بحیثیت _____
 (بی پی ایس _____) کا ملازم تھا / کی ملازمہ تھیں اور مورخہ _____ کو بقضائے الہی دوران ملازمت وفات پا گئے / گئیں، کا / کی
 شرعی و قانونی بیٹا / بیٹی ہوں۔

ب۔ میں کسی سرکاری محکمہ میں مستقل یا عارضی ملازمت نہیں کرتا / کرتی۔

ج۔ میں پاکستان میں FGEIs Dte کے زیر انتظام کسی بھی ادارہ میں تعیناتی کے لئے رضامند ہوں۔

ذ۔ میں پرومیشن پیرنڈ کے دوران NITB سے 3 x weeks basic IT course (including MS Office)

مکمل کرونگا / کرونگی۔ (برائے UDC/LDC پوسٹس صرف)

ش۔ اس سے قبل میرے والد / والدہ یا کسی بہن / بھائی نے یہ سہولت حاصل نہیں کی۔ اور نہ ہی اس کے بعد ان میں سے کوئی اس سہولت کے لئے درخواست دیگا۔

2۔ مندرجہ بالا معلومات میرے علم کے مطابق درست اور حقیقت پر مبنی ہیں۔ کسی بھی مرحلہ پر غلط ثابت ہونے پر میں تادیبی و قانونی کارروائی کا / کی مستحق ہوؤنگا / ہوؤنگی۔

نشان انگوٹھا

دستخط

گواہان:-

1۔ دستخط _____ نام _____ شناختی کارڈ نمبر _____ (کاپی لف کریں)

پتہ

فون نمبر _____

2۔

دستخط _____ نام _____ شناختی کارڈ نمبر _____

پتہ

فون نمبر _____

(تصدیق کنندہ)

(اوتھ کمشنر / نوٹری پبلک)

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR ISSUANCE OF HEALTH CARD

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee			
2.	Designation / BPS			
3.	Office/ Institution			
4.	Date of Appointment			
5.	Date of Death			
6.	List of Family members (Widow/ daughters (unmarried) & sons (under 18 years of age))			
	Ser	Name	Relationship	D/O Birth
				Remarks
Note. Relevant documents as per check list mentioned below must be attached with application form.				

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) the appropriate Box
1.	Attested copy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested photocopies of Form 'B'	<input type="checkbox"/>
4.	Attested copy of Family Registration Certificate issued by NADRA	<input type="checkbox"/>
5.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR EXEMPTION OF ADVANCES

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Type of Advance	(House Building/ Motor Car/ Motor Bike etc)
7.	Total amount sanction	
8.	Amount paid	
9.	Remaining amount	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) the appropriate Box
1.	Attested copy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested photocopy of death certificate of the deceased FG employee	<input type="checkbox"/>
4.	Attested copy of sanctioning letter	<input type="checkbox"/>
5.	Attested copies of pay bills/ recovery/ Recovery certificate signed by DDO	<input type="checkbox"/>
6.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR PAYMENT OF SPECIAL LUMP SUM GRANT OUT OF BENEVOLENT FUND (IN
CASE OF SECURITY RELATED DEATH ONLY)

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Next of Kin with complete home address	
7.	Mobile No.	
8.	Relationship with the deceased Employee	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) the appropriate Box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested copy of death certificate by NADRA/ Union Council	<input type="checkbox"/>
4.	Attested copy of newspaper clip/ public notification issued by local authority	<input type="checkbox"/>
5.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
6.	Attested photocopies of CNIC of the Nominee/ next of kin	<input type="checkbox"/>
7.	Nikahnama (in case of widow/ widower)	<input type="checkbox"/>
8.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/-. In case of any disputed family, attested copy of succession certificate/ court's judgment will be provided.	<input type="checkbox"/>
9.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR MONTHLY GRANT OUT OF BENEVOLENT FUND

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Next of Kin with home address	
7.	Mobile No.	
8.	Relationship with the deceased Employee	
9.	Amount claimed (as per scale slabs mentioned in policy)	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) the appropriate Box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested copy of death certificate issued by NADRA/ Union Council)	<input type="checkbox"/>
4.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
5.	Attested photocopies of CNIC of the Nominee/ next of kin	<input type="checkbox"/>
6.	Nikahnama (in case of widow/ widower)	<input type="checkbox"/>
7.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/-. In case of any disputed family, attested copy of succession certificate/ court's judgment will be provided.	<input type="checkbox"/>
8.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR WITHDRAWAL OF GP FUND

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Next of Kin with home address	
7.	Mobile No.	
8.	Relationship with the deceased Employee	
9.	Amount claimed (Balance amount of GP Fund)	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (✓) the appropriate Box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested copy of death certificate issued by NADRA/ Union Council)	<input type="checkbox"/>
4.	Attested photocopies of CNIC of the Nominee/ next of kin	<input type="checkbox"/>
5.	Nomination Form	<input type="checkbox"/>
6.	Form-14 for withdrawal of GP Fund (Specimen attached as per Appendix-I).	<input type="checkbox"/>
7.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/-. In case of any disputed family, attested copy of succession certificate/ court's judgment).	<input type="checkbox"/>
8.	Attested copy of final GP Fund statement	<input type="checkbox"/>
9.	Any other document required	<input type="checkbox"/>

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR LEAVE ENCHASHMENT

PART-I
(TO BE FILLED BY THE APPLICANT)

10.	Full Name of the Deceased FGEI Employee	
11.	Designation / BPS	
12.	Office/ Institution	
13.	Date of Appointment	
14.	Date of Death	
15.	Full Name of Next of Kin with home address	
16.	Mobile No.	
17.	Relationship with the deceased Employee	
18.	Amount claimed (Balance amount of GP Fund)	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II
(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III
(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (√) the appropriate Box
1.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
2.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
3.	Attested copy of death certificate issued by NADRA/ Union Council)	<input type="checkbox"/>
4.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
5.	Attested photocopies of CNIC of the Nominee/ next of kin	<input type="checkbox"/>
6.	Leave Account of the deceased employee duly signed by DDO	<input type="checkbox"/>
7.	Service History Sheet (for gazetted officer only)	
8.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/-. In case of any disputed family, attested copy of succession certificate/ court's judgment).	<input type="checkbox"/>
9.	Any other document required	<input type="checkbox"/>

SPECIMEN PAFA-357

PAFA-357

VERIFICATION OF SERVICE

Service No _____ Rank/Designation _____ Name _____

From	To	Period			Apptt/Rank	Corps/Deptt or Establishment	Per Month		Remarks
		Years	Month	Days			Pay	Personal Pay	
									Signatures of DDO with Name/ Stamp

Certified that the above named individual/officer's service for the above period was continuously and qualifying and that no extra ordinary leave was availed by him during the said period

Station Rawalpindi

Verified

Dated _____

Account Officer
CMA (RC) Education Cell
Rawalpindi Cantt

FGEI (C/G) DIRECTORATE SIR SYED ROAD, RAWALPINDI CANTT
APPLICATION FORM FOR PAYMENT OF FINANCIAL AID & BURIAL CHARGES

PART-I

(TO BE FILLED BY THE APPLICANT)

1.	Full Name of the Deceased FGEI Employee	
2.	Designation / BPS	
3.	Office/ Institution	
4.	Date of Appointment	
5.	Date of Death	
6.	Full Name of Next of Kin & Address	
7.	Relationship with the deceased Employee	
8.	Contact No.	
Note. Relevant documents as per check list mentioned below must be attached with application form.		

I do solemnly undertake that the above mentioned information is correct to the best of my knowledge and record.

Date: _____

Applicant's Signature _____

PART-II

(TO BE FILLED BY HEAD OF OFFICE/ INSTITUTION CONCERNED)

It is certified that:-

- a. The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- b. All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of Head of Institution _____

PART-III

(TO BE FILLED BY REGIONAL OFFICE CONCERNED)

It is certified that:-

- a. The above mentioned information rendered by the applicant are correct as per office record of the deceased FGEI Employee.
- d. All the documents as per check list have been checked, found correct and are enclosed with the case.

Date: _____

Signature/ stamp of RD/ DD/ GSO-1 _____

CHECK LIST OF DOCUMENTS REQUIRED

Ser	Document	Tick (<input type="checkbox"/>) the appropriate Box
2.	Attested photocopy of death notification/ office order issued by FGEI (C/G) Directorate	<input type="checkbox"/>
3.	Attested photocopies of CNIC of the deceased Employee	<input type="checkbox"/>
4.	Attested copy of death certificate issued by Union Council/ NADRA	<input type="checkbox"/>
5.	Attested photocopies of CNIC of the Nominee	<input type="checkbox"/>
6.	Family Registration Certificate issued by NADRA	<input type="checkbox"/>
7.	Nikahnama (in case of widow/ widower)	<input type="checkbox"/>
8.	Original affidavit by the legal heir of deceased employee (Widow/ widower/ daughter/ father/ mother (as the case may be) on stamp paper worth Rs. 50/- In case of any dispute, attested copy of succession certificate/ court's judgment.	<input type="checkbox"/>
9.	Any other document required	<input type="checkbox"/>