

**REVISED**

*Annex-I*

**Application For Payment Of  
Farewell Grant on Retirement**

**PART-I**

1.
  - i. Name of the employee \_\_\_\_\_
  - ii. Designation with BPS \_\_\_\_\_
  - iii. Department \_\_\_\_\_
  - iv. Father's/Husband's name \_\_\_\_\_
  - v. CNIC No. \_\_\_\_\_
  
2. Last pay per month
  - (a) Basic Pay \_\_\_\_\_
  - (b) Special Pay \_\_\_\_\_
  - (c) Technical Pay \_\_\_\_\_
  - (d) Personal Pay \_\_\_\_\_
  - (e) Qualification Pay \_\_\_\_\_
  - (f) Any Other Pay \_\_\_\_\_
  
3. Date of Birth \_\_\_\_\_
4. Date of entry into service \_\_\_\_\_
5. Date of retirement \_\_\_\_\_
6. Period for which contribution to Benevolent and Group Insurance Fund were not paid \_\_\_\_\_  
\_\_\_\_\_
7. Interruption in service (if any) \_\_\_\_\_
8. Present address and Mobile .No. of the employee \_\_\_\_\_  
\_\_\_\_\_
9. Bank A/C No. \_\_\_\_\_

( \_\_\_\_\_ )  
**Signature of the Employee**

**PART II**  
**CERTIFICATE BY THE HEAD OF OFFICE**

*Annex-II*

1. Certified that the information contained in part-I of the application form is correct according to our record.
2. Certified that the above named employee was neither a contingent paid/work charged employee nor a deputationist from a Provincial Government / Autonomous Body.
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 last 25 years or above or 20 years (in case of employees retiring 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 farewell grant claim has been preferred for the first time.
5. Two attested copies of following documents are submitted with claim:-
  - i. A copy of initial appointment letter of the employee. (Annex-I)
  - ii. A last pay certificate issued by Head of Office. (Annex-II)
  - iii. Retirement orders / notification of the employee. (Annex-III)
  - iv. Pension Payment Order book (where Pension is not applicable  
a certificate of service record issued by Head of the Department) (Annex-IV)
  - v. CNIC of employee (Annex-V)
  - vi. Last month schedule of recovery of Benevolent and Group  
Insurance Funds may also be provided. (Annex-VI)
  - vii. Covering letter / Forwarding letter from parent deptt of employee. (Annex-VII)

**Seal and Signature**  
**Head of the Office**