

NATIONAL HIGHWAY AUTHORITY
Admn Wing (Personnel)

PENSION FORM

I Mr./Mrs./Miss/_____ Son/Daughter/Widow of _____
 _____ Designation_____ hereby submit my
 request for payment of pension for the period from _____ to _____ and the
 same may please be sent to my Account No. _____ Bank Name_____

Full Address of Bank_____.

I also undertake to refund any claim, if any, arise by your office due to any reason /
 excess paid to me.

Signature of Claimant_____

CERTIFICATE

It is certified that Mr./Mrs./Widow/Daughter/ of late _____
 is alive and she has not married as on the date _____ whose particulars
 are mentioned above.

Attested By

Signature_____

Name_____

Designation_____

Date_____

(Official Stamp)

The Assistant Director (Pension)
 National Highway Authority
 27-Mauve Area, G-9/1
Islamabad.