

**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 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 \_\_\_\_\_ 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 pensioner**

Mr./Mrs./Ms \_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_ residing at \_\_\_\_\_ Designation at the time of retirement \_\_\_\_\_ drawing pension /family pension vide PPO / FPPO No. \_\_\_\_\_ CNIC No. \_\_\_\_\_ drawing pension/family pension Rs: \_\_\_\_\_ per month, increases Rs. \_\_\_\_\_ Total pension Rs. \_\_\_\_\_ per month from Bank/Post office/treasury \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_ has expired on \_\_\_\_\_. His/her 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 1/4<sup>th</sup> (of Gross pension) Rs. \_\_\_\_\_**B. Family Pension Calculation**

(on death of pensioner)

Gross Pension Rs. \_\_\_\_\_

Family Pension @ 75%  
(net or gross pension as Rs. \_\_\_\_\_  
the case may be)**Other Benefits:-**

i) \_\_\_\_\_ Rs. \_\_\_\_\_

ii) \_\_\_\_\_ Rs. \_\_\_\_\_

iii) \_\_\_\_\_ Rs. \_\_\_\_\_

(1) His/her date of birth is \_\_\_\_\_, date of 1<sup>st</sup> entry into government service is \_\_\_\_\_, EOL availed during service is \_\_\_\_\_. His/her total length of qualifying service for pension comes to \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.

(2) Certified that no inquiry is pending against 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./Mrs./Ms. \_\_\_\_\_  
CNIC No. \_\_\_\_\_ is bonafide family member entitled to family pension of Mr./Mrs./Ms. (late) \_\_\_\_\_ and his/her gratuity/ family pension may be transferred / credited in Bank / Post office / treasury \_\_\_\_\_ Branch \_\_\_\_\_ Account Number \_\_\_\_\_ (as opted).
- (6) Administrative and financial sanction for grant of family pension/ gratuity is hereby accorded.

**Following documents attached.**

- (i) Pension application alongwith three attested photographs, as “**Annex-B**”.
- (ii) Death certificate and death Notification.
- (iii) Original PPO / FPPO / of deceased pensioner.
- (iv) Last Pay Certificate (LPC)/ last Pension Payment Certificate.
- (v) Pension contributions receipts / Bank Challan / acceptance certificate (in service death).
- (vi) Original service book alongwith its attested copy / service statement (in case of gazette Government servant)(in service death).
- (vii) N.D.C from state office in case of Government accommodation.

**Signature [By Name] with stamp  
Pension Sanctioning Authority**

1. The Accounts Office is requested to grant family pension/ gratuity and endorse a copy of computerized family pension payment order (C.F.P.P.O) / Pension payment order (P.P.O) to this department / office. The original service book after recording necessary entries regarding issuance of FPPO may also be returned to this department / office.
2. Mr./Mrs./Ms. \_\_\_\_\_, you are hereby informed that your gratuity / and first monthly pension / shall be transferred /credited by the Accounts Office in the Bank/Post office / Treasury office \_\_\_\_\_  
Branch \_\_\_\_\_ 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 10<sup>th</sup> March and 10<sup>th</sup> September of each year (Annex-C).*

**APPLICATION FOR FAMILY PENSION**

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

**The Director (Personnel),**  
National Highway Authority,  
Islamabad.

Dear Sir,

It is submitted that my husband/wife/son/daughter \_\_\_\_\_ has expired on (date) \_\_\_\_\_ (death certificate attached). I, therefore, request that the family pension admissible under the rules may kindly be sanctioned to me.

2) List of my family members is given below:-

Sr. No.	Name	Relationship with the deceased	CNIC No.	Age/date of Birth	Marital Status

3) It is hereby informed that my gratuity / commutation / family pension may be transferred / credited by the Accounts Office in the bank / Post office / Treasury office \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_ (DCS Form, where applicable, is enclosed).

**UNDERTAKINGS:-**

- Under Article 351 (B) of CSR:** I 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 pension/ commutation/ gratuity in respect of any portion of the service included in this application and in respect of which pension/gratuity 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 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 pension or gratuity in respect of any portion of the service included in this application (in case of anticipatory pension only).

Thumb Impression: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
CNIC# \_\_\_\_\_

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

**Important:** Every pensioner/family pensioner is bound to provide life certificate / Non-marriage Certificate to his bank on or before 10<sup>th</sup> March 10<sup>th</sup> September of each year (**Annex-C**).

**LIFE CERTIFICATE FORM**

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

This is to certify that Mr./Mrs./Ms. \_\_\_\_\_, S/o, W/o, D/o,  
\_\_\_\_\_ holder of PPO No. \_\_\_\_\_ CNIC No. \_\_\_\_\_  
Whose specimen signatures / thumb impression and address are appended below is alive till date  
\_\_\_\_\_.

**Date:**

**(Pensioner’s Signature / Thumb Impression)**  
**Phone No.** \_\_\_\_\_  
**Address.** \_\_\_\_\_  
\_\_\_\_\_

**(Signatures of attesting officer  
with date & Name Stamp)**

**NO MARRIAGE CERTIFICATE**

(This certificate is to be furnished on or before 10<sup>th</sup> March and 10<sup>th</sup> 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/Daughter of the deceased Mr./Mrs./Ms.  
\_\_\_\_\_ holder of Pension Payment Order No. \_\_\_\_\_ hereby  
declare that I have not been married during the last six months.

**Date:**

**(Pensioner’s Signature / Thumb Impression)**  
**Phone No.** \_\_\_\_\_  
**Address.** \_\_\_\_\_  
\_\_\_\_\_

**(Signatures of attesting officer  
with date & Name Stamp)**

**NOTE: THE ABOVE CERTIFICATE(S) IS/ ARE TO BE SIGNED BY GAZETTED GOVERNMENT OFFICER/MILITARY COMMISSIONED OFFICER / MAGISTRATE / SUB-REGISTRAR / PENSIONED OFFIER / CHAIRMAN UNION COUNCILS/ MEMBER OF THE FEDERAL OR PROVINCIAL ASSEMBLIES / MANAGER OF BANKS.**

**APPLICATION FOR GP FUND**

(To be filled in and signed by the Widow/Family of the Deceased Employee)

**The Deputy Director (GP Fund),**

National Highway Authority,  
Islamabad.

Dear Sir,

It is submitted that my husband/wife/son/daughter \_\_\_\_\_ has expired on (date) \_\_\_\_\_. I, therefore, request that the GP Fund admissible under the rules may kindly be sanctioned to me.

2) It is hereby informed that my GP Fund may be transferred / credited by the Accounts Office in the Bank Account No. \_\_\_\_\_ maintained at \_\_\_\_\_ Branch at \_\_\_\_\_.

Thumb Impression: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
CNIC# \_\_\_\_\_  
Contact # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO DEMAND CERTIFICATE**

It is certified that there is nothing outstanding against Mr./Mrs.\_\_\_\_\_

Designation\_\_\_\_\_ BS\_\_\_\_\_ Nature of Appointment: (Tick Relevant)

Regular / Contract / Deputation / Daily Wage / Individual Consultant being relieved on account of resignation / termination / dismissal / death / retirement or appointment in

some other department vide office order No.\_\_\_\_\_

dated\_\_\_\_\_.

- 1. DD/AD (Concerned Office) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 2. DD /AD (Telephone Section) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 3. DD / AD (Accounts Section) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 4. DD/AD(Accounts-Estb), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 5. DD/ AD (Store Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 6. DD/ AD (Welfare Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 7. Incharge NHA Library, HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 8. DD/AD (Transport Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 9. DD/AD (CP-Fund Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 10. DD/AD (Personnel Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 11. DD/AD (MIS Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 12. DD/AD Confidential Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 13. DD/AD (Admn) Regions/Projects Name\_\_\_\_\_ Signature\_\_\_\_\_
- 14. PD (Concerned Project) Name\_\_\_\_\_ Signature\_\_\_\_\_

**Concerned Officer / Official**

Signature\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

Date\_\_\_\_\_

- Note:**
- 1. The above mentioned officers, before signing the No Demand Certificate, shall ensure that the officer/official being relieved has returned all the NHA's items, equipments, vehicle, dues, records, files or any other assets held by him.
  - 2. The officers/officials posted in the Regions/Projects are required only to get signature and clearance from officers mentioned at Sr. Nos. 1,3,13 & 14 above.

**NO DEMAND CERTIFICATE**

It is certified that there is nothing outstanding against Mr./Mrs.\_\_\_\_\_

Designation\_\_\_\_\_ BS\_\_\_\_\_ Nature of Appointment: (Tick Relevant)

Regular / Contract / Deputation / Daily Wage / Individual Consultant being relieved on account of resignation / termination / dismissal / death / retirement or appointment in

some other department vide office order No.\_\_\_\_\_

dated\_\_\_\_\_.

- 1. DD/AD (Concerned Office) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 2. DD /AD (Telephone Section) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 3. DD / AD (Accounts Section) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 4. DD/AD(Accounts-Estb), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 5. DD/ AD (Store Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 6. DD/ AD (Welfare Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 7. Incharge NHA Library, HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 8. DD/AD (Transport Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 9. DD/AD (CP-Fund Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 10. DD/AD (Personnel Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 11. DD/AD (MIS Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 12. DD/AD Confidential Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 13. DD/AD (Admn) Regions/Projects Name\_\_\_\_\_ Signature\_\_\_\_\_
- 14. PD (Concerned Project) Name\_\_\_\_\_ Signature\_\_\_\_\_

**Concerned Officer / Official**

Signature\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

Date\_\_\_\_\_

- Note:**
- 1. The above mentioned officers, before signing the No Demand Certificate, shall ensure that the officer/official being relieved has returned all the NHA's items, equipments, vehicle, dues, records, files or any other assets held by him.
  - 2. The officers/officials posted in the Regions/Projects are required only to get signature and clearance from officers mentioned at Sr. Nos. 1,3,13 & 14 above.

**NO DEMAND CERTIFICATE**

It is certified that there is nothing outstanding against Mr./Mrs.\_\_\_\_\_

Designation\_\_\_\_\_ BS\_\_\_\_\_ Nature of Appointment: (Tick Relevant)

Regular / Contract / Deputation / Daily Wage / Individual Consultant being relieved on account of resignation / termination / dismissal / death / retirement or appointment in

some other department vide office order No.\_\_\_\_\_

dated\_\_\_\_\_.

- 1. DD/AD (Concerned Office) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 2. DD /AD (Telephone Section) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 3. DD / AD (Accounts Section) Name\_\_\_\_\_ Signature\_\_\_\_\_
- 4. DD/AD(Accounts-Estb), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 5. DD/ AD (Store Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 6. DD/ AD (Welfare Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 7. Incharge NHA Library, HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 8. DD/AD (Transport Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 9. DD/AD (CP-Fund Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 10. DD/AD (Personnel Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 11. DD/AD (MIS Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 12. DD/AD Confidential Section), HQ Name\_\_\_\_\_ Signature\_\_\_\_\_
- 13. DD/AD (Admn) Regions/Projects Name\_\_\_\_\_ Signature\_\_\_\_\_
- 14. PD (Concerned Project) Name\_\_\_\_\_ Signature\_\_\_\_\_

**Concerned Officer / Official**

Signature\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

Date\_\_\_\_\_

- Note:**
- 1. The above mentioned officers, before signing the No Demand Certificate, shall ensure that the officer/official being relieved has returned all the NHA's items, equipments, vehicle, dues, records, files or any other assets held by him.
  - 2. The officers/officials posted in the Regions/Projects are required only to get signature and clearance from officers mentioned at Sr. Nos. 1,3,13 & 14 above.







### **PART-III**

Visible and Attested Photocopies on A-4 size paper of the following documents shall be submitted with this application form:

- a) **Annex "A"**- Last pay certificate/computerized pay slip duly countersigned by head of department showing personal No. allotted by the Accounts Office.
- b) **Annex "B"**- First and second page of service book/PPO/statement of service in case of gazetted employee.
- c) **Annex "C"**- CNIC in respect of the aforesaid deceased employee and the prospective beneficiaries and in case of any minor beneficiary, B-Form. (Both sides of CNIC must be copied on A-4 size paper)
- d) **Annex "D"**- Death certificate issued by Union Council/Union Committee/Municipal Committee.
- e) **Annex "E"**- Death Notification/office order of retirement under which name of deceased employee was struck off the strength from service.
- f) **Annex "F"**- Nomination form for pertaining to benevolent fund and group insurance filled in the employee during service.
- g) **Annex "G"**- List of dependent family members i.e. wife/wives, natural son(s), father, mother, minor brothers and unmarried/divorced/widowed sisters/daughters. The list should indicate name, CNIC No. relationship, age, marital status, profession, monthly income, present mailing address and contact number(s).
- h) **Annex "H"**- Wholly dependency certificate (other than spouse) issued by the Head of the Department/Officer authorized by the department (Authority letter must be attached).
- i) **Annex "I"**- Envelope containing four copies of photographs duly attested in respect of each beneficiary bearing the name of the person on the reverse of three photos and one on the face. In case of purdah observing ladies, photographs will not be required, A certificate that she is Purdah observing lady must be attached.
- j) **Annex "J"**- Four signatures/right and left thumb impressions on separate sheets (four on each sheet) of each beneficiary/dependents duly attested by class-1 Gazetted Officer.
- k) **Annex "K"**- In case of female prospective beneficiaries one widow/non-marriage/re-marriage certificate attested by a Gazetted officer.

**NATIONAL HIGHWAY AUTHORITY**

List of All Family Members of Mr/Mrs. \_\_\_\_\_

Sr #	Name	CNIC / Form-B	Date of Birth	Relationship	Profession	Marital Status	Monthly Income

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**Attested**

**NATIONAL HIGHWAY AUTHORITY**

List of All Family Members of Mr/Mrs. \_\_\_\_\_

<b>Sr #</b>	<b>Name</b>	<b>CNIC / Form-B</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Profession</b>	<b>Marital Status</b>	<b>Monthly Income</b>

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**Attested**

**NATIONAL HIGHWAY AUTHORITY**

Four Specimen Signatures / Thumb Impressions of Mr/Mrs. \_\_\_\_\_.

1. \_\_\_\_\_.

2. \_\_\_\_\_.

3. \_\_\_\_\_.

4. \_\_\_\_\_.

**Attested**

**NATIONAL HIGHWAY AUTHORITY**

Four Specimen Signatures / Thumb Impressions of Mr/Mrs. \_\_\_\_\_.

1. \_\_\_\_\_.

2. \_\_\_\_\_.

3. \_\_\_\_\_.

4. \_\_\_\_\_.

**Attested**

**NATIONAL HIGHWAY AUTHORITY**

Four Specimen Signatures / Thumb Impressions of Mr/Mrs. \_\_\_\_\_.

1. \_\_\_\_\_.

2. \_\_\_\_\_.

3. \_\_\_\_\_.

4. \_\_\_\_\_.

**Attested**



**NATIONAL HIGHWAY AUTHORITY**

Four Specimen Signatures / Thumb Impressions of Mr/Mrs. \_\_\_\_\_.

1. \_\_\_\_\_.

2. \_\_\_\_\_.

3. \_\_\_\_\_.

4. \_\_\_\_\_.

**Attested**