

**PENSION FORM TO BE USED IN CASE OF SUPERANNUATION / RETIRING / INVALID /  
COMPENSATION / COMPULSORY RETIREMENT**

**[To be issued by the Appointing Authority 90 days before superannuation / retirement of the  
retiring Government servant ]**

Subject: **SANCTION OF PENSION ON SUPERANNUATION / RETIRING / INVALID /  
COMPENSATION AND COMPULSORY RETIREMENT.**

On attaining the age of superannuation / having applied for retiring / invalid / compensatory pension vide application No. \_\_\_\_\_ dated \_\_\_\_\_ OR has been retired compulsorily vide Notification No. \_\_\_\_\_ dated \_\_\_\_\_ issued by Mr. Mrs. Ms. \_\_\_\_\_ S/O, W/O, D/O \_\_\_\_\_ Designation \_\_\_\_\_ drawing pay/emoluments Rs. \_\_\_\_\_. (Reckonable towards pension), in BS \_\_\_\_\_ on \_\_\_\_\_ basis (Please indicate nature of appointment i.e Regular/Officiating or Acting charge/Current Charge w.e.f. \_\_\_\_\_) Personnel No \_\_\_\_\_ CNIC No. \_\_\_\_\_ Presently posted at (office) \_\_\_\_\_ place of posting) \_\_\_\_\_ has retired/has been permitted to retire/ is due to be retired/ has been retired compulsorily from the Government service (tick whichever is applicable) on \_\_\_\_\_ date, after availing LPR for days/Leave encashment in lieu of LPR Rs. \_\_\_\_\_.

**Pension Calculation:-**

Gross Pension	Rs. _____
Commutation	Rs. _____
Net Pension	Rs. _____

**Other Benefits:-**

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

**Gratuity** (in case where qualifying service is 5 years or more but less than 10 years) Rs. \_\_\_\_\_

- (1) His / her date of birth is \_\_\_\_\_ Date of 1<sup>st</sup> entry into government service is \_\_\_\_\_ and EOL availed is \_\_\_\_\_ days. Total length of qualifying service for pension is \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.
- (2) Certified that no inquiry is pending against him / her.
- (3) Certified that no recovery is outstanding against him / her.
- (4) Certified that:-
  - i) Advances drawn (if any) stand fully repaid, along with interest.
  - ii) An amount of Rs. \_\_\_\_\_ On account of \_\_\_\_\_ (HBA, MCA/etc) principal amount alongwith interest is outstanding which may be recovered from the pension.
- (5) Anticipatory pension upto ( \_\_\_\_\_ %) of full pension is sanctioned as admissible to him/her under section 19(2) of Civil Servant Act, 1973 (in case of anticipatory pension).
- (6) Certified that deficiency / disciplinary / criminal case pending against the aforementioned retired government servant has been finalized. Therefore, final pension payment @ ( \_\_\_\_\_ %) (After adjustment of already paid amount of anticipatory pension) and commutation amounting \_\_\_\_\_ % (Subject to a maximum of 35% of gross pension), as determined by concerned Accounts office, may be paid.

(7) Undersigned is satisfied that the service of retiring employee has been satisfactory. Administrative and financial sanction for grant of pension / commutation @ \_\_\_\_\_% upto maximum of 35% of gross pension, if so opted by the retiring government servant, to be determined by the Accounts Office, is hereby accorded in favour of Mr. / Mrs/Ms \_\_\_\_\_ through Bank/Post Office/ Treasury Account No. \_\_\_\_\_ (mentioned in DCS Form enclosed) as admissible under the rules.

**OR**

(7-a) Undersigned is satisfied that the services of Mr./Mrs/Ms \_\_\_\_\_ has not been satisfactory and it has been decided that the full pension/ gratuity found to the Audit/ Account Officer to be admissible under the rules should be reduced by the specific amount or percentage given below:-

- i) Amount or percentage of reduction in pension \_\_\_\_\_.
- ii) Amount or percentage of reduction in pension \_\_\_\_\_.
- iii) Sanction is hereby accorded to the grant of pension / gratuity as so reduced.

(8) The payment of pension and / or gratuity may commence w.e.f \_\_\_\_\_.

**Following documents attached.**

- (i) Pension application alongwith three attested photographs as “ **Annex-A**”
- (ii) Notification of Retirement.
- (iii) Last pay Certificate (LPC).
- (iv) Pension contribution receipts / Bank Challan / acceptance certificate (In service death).
- (v) Original service book along with its attested copy / service statement (in case of gazette Government servant).
- (vi) N.D.C from Estate Office in case of Government accommodation.

**Official Seal**

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

1. The Accounts Office is requested to grant pension and endorse a copy of computerized pension payment order (C.P.P.O) / Pension payment order (P.P.O) to this department / office. The original service book after recording necessary entries regarding issuance of C.P.P.O / PPO may also be returned to this department/office.
2. Mr./Mrs./Ms. \_\_\_\_\_, you are hereby informed that your commutation (if opted) 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 to his/her bank on or before 10<sup>th</sup> March and 10<sup>th</sup> September of each year (Annex-C).*

**APPLICATION / CERTIFICATES TO BE GIVEN BY THE PENSIONER FOR PENSION /  
GRAUITY / COMMUTATION**

[to be given by retiring government servant for grant of pension in case of superannuation/ retiring/  
invalid/ compensation/ compulsory retirement]

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

Dear Sir,

It is submitted that I \_\_\_\_\_ Father / husband  
Name: \_\_\_\_\_ designation / post held \_\_\_\_\_ BPS- \_\_\_\_\_  
on \_\_\_\_\_ (Please indicate kind of appointment i.e. Regular/Officiating or Acting  
charge/Current charge w.e.f \_\_\_\_\_) CNIC No. (copy enclosed) \_\_\_\_\_  
Nationality \_\_\_\_\_, Personnel No. \_\_\_\_\_ Cell No. (i) \_\_\_\_\_  
(ii) \_\_\_\_\_, Gmail: \_\_\_\_\_, Postal Address:  
\_\_\_\_\_ that I  
have retired/ have been permitted to retire from the Government service/ I'm due to retire/  
has been retired compulsorily on \_\_\_\_\_. My pension / commutation / gratuity  
may be transferred / credited by the Accounts Office in the bank / Post office / Treasury  
office \_\_\_\_\_ Branch \_\_\_\_\_ Account No  
\_\_\_\_\_ { DCS form ( where applicable) and list of family members, is enclosed}.

**UNDERTAKINGS:-**

1. I hereby declared that I am not in receipt of any other pension, military or otherwise except PPO  
No. \_\_\_\_\_, dated \_\_\_\_\_, Amount \_\_\_\_\_, Department \_\_\_\_\_  
retired on \_\_\_\_\_.
2. **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.
3. **Article 351 (2) of CSR:** I hereby declare that I shall not take part in any election or engage  
myself in political activities of any kind within two years from the date of retirement.
4. **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.
5. **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.
6. **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.
7. I hereby opt for commutation @ \_\_\_\_\_ (subject to a maximum of 35%) of my gross  
pension.

**Dated** \_\_\_\_\_

**Name & Signature**  
of retiring Government Servant (Pensioner)

**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.**

**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**

**APPLICATION FOR GP FUND**

**[to be given by retiring government servant for grant of GP Fund in case of superannuation/ retiring/  
invalid/ compensation/ compulsory retirement]**

**The Deputy Director (GP Fund),**  
National Highway Authority,  
Islamabad.

Dear Sir,

It is submitted that I have retired from service of NHA on \_\_\_\_\_. My GP Fund dues may kindly be released as per rules and remitted to my Bank A/c No. \_\_\_\_\_ maintained at \_\_\_\_\_ Bank, Branch \_\_\_\_\_, at the earliest possible, please.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
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-II**

**CERTIFICATION BY THE HEAD OF DEPARTMENT.**

It is certified that:

1. The information contained in Part-I in respect of Mr./Miss/Mrs. \_\_\_\_\_ is correct according to our record.
2. The above named employee was neither Contingent Paid/Work Charged/Adhoc/Contract employee etc. nor a deputationist from any Provincial/local government and was a regular contributor of FEB & GI Funds. Further he/she was neither dismissed nor removed from services (in case of a deputationist from one Federal Government department to another, the case will be prepared by his/her parent department).
3. The employee retired from service on account of incapacitation with 80% disability declared by the prescribed Medical Authority under Rule 8 of FEB & GIF Rules, 1972.
4. **The particulars of nominee(s) of Benevolent Grant and sum assured etc. of deceased employee mentioned in Part-I above are correct and there is no other nominee(s) as per record of this office. In case, particulars of nominee(s) given in Part-I found incorrect at later stage by any forum, our department will be responsible for refund of sanctioned grant(s) to FEB & GIF.**
5. The above claim is prepared for the first time and has not been sent previously from his/her parent department.
6. The above named employee was not uniformed employee of Armed forces at the time of incapacitation/retirement.

Dated. \_\_\_\_\_

**Stamp and Signature  
Head of the office**

**DEPARTMENTAL FORWARDING**

Forwarded to Deputy Director/Incharge, Regional Board, Federal Employees Benevolent and Group Insurance Funds, Islamabad/Karachi/Lahore.

F.No. \_\_\_\_\_

Dated. \_\_\_\_\_

**Stamp and Signature  
Head of the Department  
or authorized officer not below BS-20**

**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, second and last page of service Roll/book/PPO//statement of service in case of gazetted employee.
- c) **Annex "C"**- CNIC in respect of the aforesaid incapacitated employee. (Both sides of CNIC must be copied on A-4 size paper)
- d) **Annex "D"**- Notification/office order under which name of incapacitated employee was struck off the strength from service.
- e) **Annex "E"**- A copy of the Medical Board proceedings duly attested by the Head of Department. The Medical Board must comprise of three Medical Officers, one of them shall be a specialist. The Medical Board proceedings must record the case history as well as exact nature of disability (See Part IV).
- f) **Annex "F"**- Nomination form of benevolent fund and group insurance.
- h) **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 numbers.
- i) **Annex "H"**- Envelope containing four copies of photographs duly attested in respect of the incapacitated employee 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 "I"**- Four signatures/right and left thumb impressions on separate sheets (four on each sheet) of incapacitated employee duly attested by class-1 Gazetted Officer.

## PART IV

### INVALIDATION CERTIFICATE FEDERAL EMPLOYEES

See CSR articles 442(d), (e), 443(a), (b) and (c) and 447.

1. Important Instructions:

- (a) All columns must be typed.
- (b) All columns must be filled. Those not applicable must be crossed.
- (c) An individual shall not be considered removed from service until the Head of Department has approved proceedings of the central Medical Board constituted by Ministry of Health.
- (d) Medical Board must comprise three members including one member as being a Specialist pertaining to the disease for the invalidation of the employee .

Name \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_

Designation \_\_\_\_\_ Office \_\_\_\_\_

Department \_\_\_\_\_ Total Service \_\_\_\_\_

Age: Per Statement/documents \_\_\_\_\_ per appearance \_\_\_\_\_

Identification marks \_\_\_\_\_

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**Head of Department of the Employee is personally responsible for accurate information of this form.**

(Left hand thumb impression/signatures duly attested)

Opinion : (A detailed statement of medical case and of the treatment adopted as per CSR 443(a). If necessary attach documents).

Signature & Seal of  
Medical Specialist.

2. Opinion of the Medical Board:

In consequence of \_\_\_\_\_  
We consider him/her (name) \_\_\_\_\_ as being

- (a) Completely and permanently incapacitated for further service of any kind.
- (b) Completely and permanently incapacitated for service in the Department to which he/she belongs.
- (c) Incapacitated for service in the appointment which he now holds but we are of the opinion that he/she is (or may after resting for \_\_\_\_\_ months be) fit for further service of less laborious character than that which he/she has been doing.
- (d) His/her degree of disability \_\_\_\_\_ %age
- (e) His/her incapacity does/does not appear to have been caused/aggravated or accelerated by irregular or intemperate habits.

Dated: \_\_\_\_\_

President \_\_\_\_\_  
(Name, Signature & Seal)

Member \_\_\_\_\_  
(Name, Signature & Seal)

Member \_\_\_\_\_  
(Name, Signature & Seal)

**APPROVED/NOT APPROVED**

(For partial) disability See CSR article 447 (b). If a person is likely to improve after a certain period he may be given long leave admissible to him instead of invaliding him out of service.

Place \_\_\_\_\_  
Dated \_\_\_\_\_

HEAD OF DEPARTMENT  
(Name, Signature & Seal).

Federal Employees Benevolent & Group Insurance Funds Benevolent Fund Building, Block A-1 Near Zero point, Islamabad.

For further information/complaint, please visit our website i.e. [www.febgif.gov.pk](http://www.febgif.gov.pk) Ph.051-9252164

**Note: Photocopy of this form can also be used.**

# **NATIONAL HIGHWAY AUTHORITY**

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

<b>Sr #</b>	<b>Name</b>	<b>CNIC</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**



**35. Form of Nomination (See Rule – 10)**

Name and Designation of Employee .....

.....

Service/Department .....

I hereby nominate the person/persons mentioned below who is/are member/member of my family as defined in Section-2 of the General Employee Benevolent Fund and Group Insurance Act – 1969 (II of 1969) to receive the benevolent grant and the sum assured and C.P Fund in the event of my death.

**Part-I**  
**(FOR WIFE / HUSBAND ONLY)**

Name of Nominee/Nominees	Relation ship	Age (Y-M-D)	% of Share	Remarks

**Part-II**  
**(FOR MEMBERS OF FAMILY OTHER THAN WIFE / HUSBAND)**

Name of Nominee/Nominees	Relation ship	Age (Y-M-D)	% of Share	Remarks

Certified that the Member/Members of family mentioned in Part-II reside with me and are wholly dependent upon me.

The earlier nomination made by me may kindly be treated as **“CANCELLED”**

Dated.....

.....  
**Signature of the Employee**

**Witnesses:**

**i.** Signature .....

.....  
**Name of Employee**

.....  
Name & Designation

**ii.**

Signature.....

.....  
Name & Designation

.....  
**Signature & Seal of the Head of Office**

**36. Nomination for Death-Cum-Retirement (TO BE FILLED IN TRIPPLICATE)**

**GRATUITY, PENSION / PAY & ALLOWANCES**

(WHEN THE GOVERNMENT SERVANTS HAS A FAMILY & WISHES TO NOMINATE ONE MEMBER THEREOF)

I, hereby nominate the person mentioned below, who is a member of my family and confer on him the right to receive any gratuity and the pension that may be sanctioned by government and arrears of my pay and allowances due to me, in the event of my death while in service and the right to receive gratuity, pension and pay and allowances on my death which having become admissible to me on retirement may remain unpaid at my death:-

Name & address (es) of the nominee(s)	Relation ship	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right conferred on the nominee shall pass in event of the nominee predeceasing the Govt servant

Dated ..... at .....

**Witness's signature**

**i.** .....

**ii.** .....

**Signature of Govt Servant**

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**To be filled in by the Head of Office in the case of non-gazetted Govt servants**

Nomination by .....

Designation .....

Office .....

Signature (Office Incharge) .....

Designation .....

Dated.....

**Caution:** -This nomination can be cancelled at any time by sending a notice in writing to the appropriate authority alongwith a fresh nomination.

**37. Nomination for Death-Cum-Retirement (TO BE FILLED IN TRIPPLICATE)**

**GRATUITY, PENSION / PAY & ALLOWANCES**

(WHEN THE GOVERNMENT SERVANTS HAS A FAMILY & WISHES TO NOMINATE MORE THAN ONE MEMBER THEREOF)

I, hereby nominate the person mentioned below, who is a member of my family and confer on them the right to receive to the extent specified below any gratuity and the pension that may be sanctioned by government and arrears of pay and allowances due to me, in the event of my death while in service and the right to receive gratuity, pension and pay and allowance on my death which having become admissible to me on retirement may remain unpaid at my death:-

Name & address (es) of the nominee(s)	Relation ship	Age	Amount of or share of pension/ gratuity and pay and allowances payable to each	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right conferred on the nominee shall pass in event of the nominee predeceasing the Govt servant

Dated ..... at .....

**Witness's signature**

i. ....

ii. ....

**Signature of Govt Servant**

**Note: This column should be filled in so as to cover the whole amount of the pension, gratuity and pay and allowances.**

**(To be filled in by the Head Office in the case of non-gazetted Govt Servants)**

Nomination by .....

Designation .....

Office .....

(Signature & Seal Office Incharge)

**Caution:-This nomination can be cancelled at any time by sending a notice in writing to the appropriate authority alongwith a fresh nomination**