

**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 1st 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 10th March and 10th 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 10th March 10th September of each year (Annex-C).*

LIFE CERTIFICATE FORM

(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)

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 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/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. _____

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

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.



FEDERAL EMPLOYEES BENEVOLENT AND GROUP INSURANCE FUNDS
BENEVOLENT FUND BUILDING, BLOCK C-II, NEAR ZERO POINT,
P.O.BOX NO.2035, ISLAMABAD
Application For Payment Of Farewell Grant on Retirement
(Superannuation/voluntary retirement)
PART-I

1. i. Name of employee _____
- ii. Father's/Husband's name _____
- iii. CNIC No. _____
- iv. Date of Birth _____
2. Designation with BPS _____
3. Department _____
4. Last pay details as follows:
 - i. Basic Pay _____
 - ii. Special Pay _____
 - iii. Technical Pay _____
 - iv. Personal Pay _____
 - v. Qualification Pay _____
 - vi. Senior Post Allowance _____
 - vii. Any Other Pay reckonable for pension _____
5. Date of entry into service _____
6. Date of retirement _____
7. Period for which contributions to Benevolent and Group Insurance Fund were not paid _____
8. Monthly Pay during which the contribution as mentioned in Sr. No. (7) above were not paid _____
(Please see S. No. 1(vii) of Part-III)
9. Interruption in service (if any) _____
10. Permanent address: _____
10. Present address: _____
 _____ Telephone No. _____ Mobile No. _____
 Email (if any): _____
11. Bank A/C title and No. for credit of grant
 - i. Bank Account title: _____
 - ii. Bank Name: _____ Branch: _____ City: _____
 - iii. Account No.

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12. In case of any incorrect information, applicant shall be responsible.

(_____)
Signature of the Employee

PART-II
CERTIFICATE BY THE HEAD OF OFFICE

F. No. _____ Dated: _____

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, adhoc, contract employee, nor a deputationist from a Provincial Government / Autonomous Body. Further, it is certified that he/she was neither dismissed nor removed from service.
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 the last 25 years or above or 20 years (in case of employees retired 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 above named employee was not uniform employee of Armed forces at the time of retirement.
5. Certified that the farewell grant claim has been preferred for the first time.

Stamp and Signature
Head of the Office
or Authorized Officer not below BS 20

PART III

1. The claim shall be submitted under covering/forwarding letter alongwith two attested photo copies on A-4 size paper of following documents:-
- i. Initial appointment letter of the employee (Annex-I)
 - ii. Last pay certificate duly countersigned by the Head of department (Annex-II)
 - iii. Retirement orders / notification of the employee (Annex-III)
 - iv. Pension Payment Order (where Pension is not applicable, a certificate of service record issued by Head of the Department) (Annex-IV)
 - v. CNIC of the employee (Both sides of CNIC must be copied on A-4 size paper) (Annex-V)
 - vi. Last month schedule of recovery / deduction of Benevolent and Group Insurance Funds contribution. (Annex-VI)
 - vii. Schedule of period during which contributions of Benevolent and Group Insurance Funds were not paid, to be issued by the parent department. (Annex-VII)

S. No.	Month for which contribution has not been paid/less paid	Pay

Signature of DDO

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

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