

Office of the

AUDITOR-GENERAL OF PAKISTAN

AUDIT HOUSE, CONSTITUTION AVENUE, G-5, ISLAMABAD

No. \$94/Pension-I/2023 Dated: 02-06-2023

1. The Director General (B&A) Local.	2. The DG Audit (F&I), Islamabad.
3. The DG Audit (Federal Govt.) Islamabad.	4. The DG Audit Works (Federal), Islamabad
5. The DG Audit (Claimant & Environment), Islamabad.	6. The Director Audit, (Social Safety Net) Islamabad.
7. The DG Audit (D/S), Rawalpindi.	8. The DG Audit (District Govt. KPK), Peshawar.
9. The DG Audit (KPK), Peshawar.	10. The DG (Commercial Audit), Islamabad.
11. The DG Audit Punjab, Lahore.	12. The DG Audit (Power), Lahore.
13. The DG Audit (Works) (Provincial), Lahore.	14. The DG Audit (PT & T), Lahore.
15. The DG Audit Petroleum & Natural Resources, Lahore	16. The Rector (PAAA), Lahore.
17. The DG (PAW), Lahore.	18. The DG Audit, Water Resources, Lahore
19. The DG Audit Inland Revenue (N) Lahore	20. The DG Audit (Railways), Lahore.
21. The DG Audit District Govt. Punjab (South), Multan	22. The DG Audit, District Govt. Punjab, Lahore.
23. The DG Audit Local Council (Balochistan) Quetta	24. The Director, Audit & Accounts Academy, Quetta.
25. The DG (Commercial Audit), Karachi.	26. The DG Audit Balochistan, Quetta.
27. The DG Audit Inland Revenues, Karachi	28. The DG Audit Local Council Sindh, Karachi.
29. The DG Audit (Sindh), Karachi.	30. The DG Audit (D/S), Karachi.

Subject: Facilitation to the Families of Deceased Employees

The Competent Authority i.e The Auditor General of Pakistan has been pleased to give directions for nomination of a Focal Person for Family Pension to facilitate the families of deceased employees i.e the PA&AS officers and officers/officials of Departmental Cadre (in service death and death of pensioner) at each FAO under intimation to this office. The focal person soon after the death of in service employee as well as death of pensioner will deliver the following documents, which are available on the official web site of this office i.e www.agp.gov.pk to the bereaved family as under:-

- (i) Check List for Family Pension Papers.
- (ii) Pension Application Form C.S.R-25 (Revised-2019).
- (iii) DCS Option Form for Family Pension.
- (iv) Specimen of Non Marriage Certificate of widow on Stamp Paper.
- (v) Application Form and Check List for Death Grant from FEB&GIF.
- (vi) DCS Option Form for Death Grant from FEB&GIF.

02. This issues with the approval of Deputy Auditor General (A&C).

(Tahir Rizwan)

Assistant Auditor General (P)

Cc:

- 1. Director General to Auditor General of Pakistan.
- 2. SPS to Auditor General of Pakistan.
- 3. PS to Deputy Auditor General (A&C).
- A. Assistant Audit Officer (IT) Local along with above stated enclosures. It is requested to upload the subjected Forms/Check List on the Official Web Site of AGP.
 - 5. F.No.Pension-0I/2023
 - 6. Master File.

	NEW CHECK LIST OF PENSION DOCUMENTS	Page	No
1	Application for Pension Form CSR-25 (Revised-2019)		
2	Office order for retirement from Administrative Department		
3	Name of Bank & Branch & Account Number (DCS Form verified from Bank) & IBAN		
4	Last Pay Certificate		
5	Service Book and Service Statement		
6	Copy of CNIC		:
AD	DITIONAL REQUIREMENT IN CASE OF DEATH DURING SERVICE	,	
7	Undertaking on stamp paper regarding non-remarriage, non-separation and only widow or non marriage (in case of unmarried daughter)		<u>_</u> :
8	Death Certificate of Deceased employee		
9	Sanction to waive off loans & advances (if any)		
10	NADRA Family Registration Certificate (FRC)	ļ. <u>.</u>	
_	CONVERSION TO FAMILY PENSION	-	-
1	Application for family pension through Administrative Department	ļ	
2	Death Certificate		
3	NADRA Family Registration Certificate (FRC)	ļ.	
4	Name of Bank & Branch & Account Number (DCS form verified from Bank) & IBAN	1	
5	Undertaking on stamp paper regarding non-remarriage, non-separation and only widow or non marriage (in case of unmarried daughter)	-	
6	Copy of CNIC of family members		

e completed by the Office / D		1	200111	as the application for p	Personne	1 NIc		ТТ		Т	
Ministry/Division/Departm					rersonne	INO					
Name of Government Serva	ant										
Father's /Husband Name	-										
Designation					BPS		Dura				
CNIC No of Govt: Servant		i i			(1.1)	- 4					
Date of Birth (as per service		()									
Date of Entry into Govt. Se								.,			
Date of Retirement / Death					T. T						en een
Name of family pensioner	-		-		- House in the same of the sam					,	
Relation with Govt: serva					-						
CNIC No of family pensio	nily pensioner										
Postal Address:	Address: @gmail.com										
Email	Bank A/c No.										
Contact No:				Bank Branch & Cod	le						
Qualifying Service	Y	M	D	Class of Pension Superannuation	Dagie D		olum	_			
Civil Service	1	IVI	ען	Retiring	Basic P Usual I				ls.		
Military Service (if any)	+	 	+	Invalid	Sr. Post	78-1			ks.		
Benefit of Condonation	+	+	+	Compulsory	Special		***************************************		ls.		
EOL/Un-Authorized Absence	+	-	-	Compensation	Persona				ls.		
Net Qualifying Service	+	+	+	Anticipatory	Qualific		av		ks.	***************************************	
Yawinjing out the	1		+	Family Pension	Total	, and r	uj		₹s.		
Pension/Family Pension											
Other Allowances (i)									₹s. ₹s.		
								1	ζs.		
									₹s.		
Amount of pension to be									₹s.		
Age Next Birthday (or 60				rannuation)						Ve	ars
Rate of commuted value					ili andres part all'altra de la desta				ξs.		-
Commutation/Gratuity									Rs.		
Commutation to be With	neld(i	f anv)				racio ĉerva		Es.		
Pension after commutation						***************************************			Rs.		
dues or overpayme That I have neither portion of the serv claimed herein, no	may, a nts fro appli vice in r shal	at any om the ied for nelud	e pen or nor ed in ibmit	e from the issue of F sion granted to me (to received any pension this application and any application her may be passed therec	Under Article on/commu d in respe- ceafter wit	e 906 (E itation ect of hout o	of C /grat which luoti	sr) uity ch pe	in re	espe	ct (
				•	M (AT ticle)	>11 OI 1	COR)				
TIFICATES BY PENSION S											
No inquiry is pendiOutstanding recove				ner. s. }, If yes, provide	full date:	1					
ii) Satisfaction about a gratuity granted by	retirin Audi	g em	ploye ounts	e's service, if No, it Officer be reduced	has been under the	decid rules a	ıs:		•		
Amount/Percentage	redu	ction	in pe	ension	G	ratuity	Y				
				ay commence from		*************					-
) All the requisite do	cume	nts as	per	CGA circular are atta	ached.			2.			

FOR DIRECT CREDIT OF FAMILY PENSION THROUGH BANK ACCOUNT

Pensioner Information (To be filled in by the Family Pensioner)

PPO	
SAP Personnel No.	
Name of Pensioner	
Father / Husband Name	
Family Pensioner Name	
Spouse/Father/Mother Name	
Pensioner CNIC old#	
Pensioner CNIC #`	
Family Pensioner CNIC#	
Residential Address (Current)	
Residential Address (Permanent)	
Designation & Grade at the time of Retirement	
Designation & Grade at the time of Retirement	
Ministry/Division/Deptt./Office	
Present NBP Address & Code No.	
I hereby opt to draw family pension through direct Indemnity Bond to the bank. *The pensioner shall produce an indemnity bond to keep sums of money whatsoever including mark-up of his/her Fundertake that His/her legal heirs, successors, executors sl credited to his/her pension account either in full or in insexcess amount.	the bank indemnified about liabilities with all rension Account. The pensioner would further hall be liable to refund excess amount, if any,
Family Pensioner's Signature/Thumb Impression	
Dated	
Account Verification (To be verified by the Bank) Account Title (Name)	
Account No.	
Branch Code	G: 4 (Ct and CD a)
Indemnity Bond/Lien Submitted By the Family Pensioner	Signature/Stamp of Bank
To be issued by Accounts Office	
Acknowledgement Receipt NoSignature of Officer	Date

Affidavit (Stamp Paper)

I M	Is hereby declare that:
1.	That I am the only widow of my deceased husband Mr who has died on
2.	I have never ever been separated judicially or otherwise from my deceased
	husband.
3.	I have not been re-married after the death of my deceased husband. In
	future if I intend to re-marry, I will inform the account office immediately.
4.	If at any stage pension paid excess to me, I am bound to refund such
	amount.
	Ms
	W/o



FEDERAL EMPLOYEES BENEVOLENT AND GROUP INSURANCE FUNDS BENEVOLENT FUND BUILDING, BLOCK C-II, NEAR ZERO POINT, P.O.BOX NO.2035, ISLAMABAD

(Application form for Payment of Death Grants to family of Deceased Employee)

FORM-B (See Rule 12)

	S. No		CNIC No.	Date of birth	Rela	tionsh th the ceased		Profe	ssion		rital atus	Inc	onthly come Rs.)
7.		Name of beneficia						- 3					
6.		Date of retirement Superannuation/Q	Struck off Strucking serv	ength, on account rice/death during s	of ervice	0	D	M	М	Y	Y	Y	Y
5.	1	Date of death					D	M	M	Y	Y	Y	Y
4.		Date of entry into	service			D	D	M	M	Y	Y	Y	Y
3		Date of birth				ì		M	М	Y	Y	Y	Y
				Total									
			g)	Any other Pay/allo reckonable for per	owance nsion		1						
				Senior Post allowa	ance	1							
			e)	Qualification Pay		Ī	3- 1						
			d)	Personal Pay		Ī							
			c)	Technical Pay		Ì	1						
			b)	Special Pay		ř					T		
2.	I	Pay	a)	Basic Pay		Γ				T .	T		
	g)	Station/Place of l	ast posting								T		
	f)	Designation along	gwith BPS /Non-Gazetted	i)									
	-,	Division/Ministry	1										
	e)	of married emplo	yee)				_						
	d)	CNIC No. of Spo	ouse (in case				1						
	c)	CNIC No.				-		T		T			
	b)	Father/Husband's Name	s										
		employee											
1.	a)	Name of the Dec employee	eased										

8.			ss(s) of the benefic esent/Complete ma		with conta	act N	lo:									
			rmanent:													
			lephone No.:					Mo	bile N	No.:						
			Mail (if any):												N	
9.			Account title:										1			
10.			and city of Nation					1-15				f ben	eficia	aries:		
11.		Bank	Account No (s).			I			I							
12.		Period paid:	of EOL or perio	od for which co	ontributio	ons t	o Be	nevol	ent ar	nd Gr	oup	Insu	rance	Fun	ds wa	as not
					PAR	<u>T-II</u>										
			CERT	IFICATION B	YTHE	HEA	DO	F DE	PART	<u>rme</u>	NT.					
It is	cert	ified tha	t:													
	1.	The	information	contained	in		ert-I	ir ct acc	ordin	respo			f	Mr	./Miss	s/Mrs.
	Fur	a deput ther he/	pove named emplo ationist from any she was neither di at department to ar	Provincial/loca ismissed nor rer	l governi moved fro	ngent ment	Paid and service	/Worl	c Cha regul	rged/ lar co	Adho ntrib	oc/Coutor	ontra of F	EB &	GI F	unds.
	3.	The er	nployee died durir	ng the continuar	nce of ser	rvice		afte	r retir	emen	t [].				
	cas	ntioned e, parti	articulars of non in Part-I above culars of nomin it will be responsi	are correct an nee(s) given in	d there i Part-I	is no	othe	r noi	ninee ect at	(s) as	per r st	rece age	ord o	of thi	s offi	ce. In
	5. dep	The al	bove claim is pre	pared for the f	first time	and	l has	not b	een s	ent p	revi	ously	froi	n his	/her p	parent
	6.	The ab	oove named emplo	yee was not un	iform em	ploy	ee of	Armo	ed for	ces at	the	time	of de	eath.		
Dat	ed											S			Sign:	
				<u>DEPA</u>	RTMEN	TA	L FO	RWA	RDI	NG						
Insu	ıranc	Forwa e Funds	rded to Deputy I , Islamabad/Karac	Director/Incharg hi/Lahore.	ge, Regio	onal	Board	d, Fee	leral	Empl	oyee	s Be	enevo	lent	and C	Group
F.N	o											1	Date	d		

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.
- 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.

Government of Pakistan Establishment Division

Federal Employees Benevolent & Group Insurance Funds (FEB & GIF) DCS-FORM

(FORM FOR DIRECT CREDIT OF BENEVOLENT GRANT THROUGH BANK ACCOUNT)
Beneficiary Information (To be filled in by the Beneficiary and verified by the HoD)

	the Belieficiary and verified by the Hob)
Case No.(Allotted by the concerned Regional Boards of FEB &	t GIF)
Personal number (As per pay slip issued by AGPR/MAG	G/Department concerned)
Parent department of the federal government emp	loyee
Status of department (Ministry/Division/Att	ached
department/subordinate office/ Autonomous,	semi
autonomous, corporation, council, commission et	2)
Name of Employee	
Father/Husband Name	
Employee CNIC	Basic Pay Scale
Designation	Busic I uy Scule
Pay (basic Pay + Technical Pay+ Special F	Day +
Qualification Pay + Personal Pay or any	
	other
emoluments reckoned for calculation of pension)	
Date of Birth of employee	
Date of first Appointment	
Date of Retirement	
Date of Death during service	
Date of Invalid retirement	
Date of Death after retirement	
Amount of Monthly Benevolent Grant (to be filled	l in by
FEB&GIF)	·
Date of commencement of the grant	
Period of Grant	
Name of Beneficiary(s)	
Date of Birth of beneficiary(s)	
Relation of Beneficiary(s) with the deceased/In	nvalid
federal government employee	
Beneficiary CNIC#	
Residential Address and contact number (Current	Α
	9
Residential Address (Permanent)	
Beneficiary Email (for DCS emails)	
Cell # (for DCS SMS)	
Beneficiary NBP Bank Account Number (10	digit
account Number)	
Name of concerned NBP Branch with code N	o and
address	
I hereby accept to draw benevolent grant through	direct credit system and have also submitted *
Indemnity Bond to the bank.	•
*The Beneficiary shall produce an Indemnity Bond to keep the ban including mark-up of his/her bank account. The beneficiary would fu be liable to refund excess amount, if any, credited to his/her Account i	rther undertake that his/her legal heirs, successors, executors shall
Beneficiary's Signature/Thumb Impression	
Dated:	
To be verified by Head of Department (Under	
by Name Stamp, Designation, Signature &	
Date)	
Duce	

Account Verificatio0n (To be verified by the Bank)

Account Title (Name)	
Account No.	
Branch Name/Address	
Branch Code	
Indemnity Bond/Lien submitted by the Beneficiary	Signature/Stamp of Bank Manager
To be issued by FI	FR & GIF Regional Board
	ED & OII Regional Doald
Acknowledgement Receipt No	- Regional Board