



Office of the
AUDITOR-GENERAL OF PAKISTAN
AUDIT HOUSE, CONSTITUTION AVENUE, G-5,
ISLAMABAD
No. 594/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).
- ✓ 4. 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-01/2023
6. Master File.

<u>NEW CHECK LIST OF PENSION DOCUMENTS</u>		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	
<u>ADDITIONAL REQUIREMENT IN CASE OF DEATH DURING SERVICE</u>		
7	Undertaking on stamp paper regarding non-remarriage, non-separation and only widow or non marriage (in case of unmarried daughter)	
8	Death Certificate of Deceased employee	
9	Sanction to waive off loans & advances (if any)	
10	NADRA Family Registration Certificate (FRC)	
<u>CONVERSION TO FAMILY PENSION</u>		
1	Application for family pension through Administrative Department	
2	Death Certificate	
3	NADRA Family Registration Certificate (FRC)	
4	Name of Bank & Branch & Account Number (DCS form verified from Bank) & IBAN	
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	

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 credit system and have also submitted Indemnity Bond to the bank.	
*The pensioner shall produce an indemnity bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her Pension Account. The pensioner would further undertake that His/her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his/her pension account either in full or in installments' (as agreed mutually) equal to such excess amount.	
Family Pensioner's Signature/Thumb Impression	
Dated	

Account Verification (To be verified by the Bank)

Account Title (Name)	
Account No.	
Branch Code	
Indemnity Bond/Lien Submitted By the Family Pensioner	

Signature/Stamp of Bank

To be issued by Accounts Office

Acknowledgement Receipt No. _____ Signature of Officer _____ Date _____

Affidavit (Stamp Paper)

I Ms. _____, widow of Mr. _____ 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 _____

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.

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 Ph.051-9252164

Note: Photocopy of this form can also be used.

**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)

Case No.(Allotted by the concerned Regional Boards of FEB & GIF)	
Personal number (As per pay slip issued by AGPR/MAG/Department concerned)	
Parent department of the federal government employee	
Status of department (Ministry/Division/Attached department/subordinate office/ Autonomous, semi autonomous, corporation, council, commission etc)	
Name of Employee	
Father/Husband Name	
Employee CNIC	Basic Pay Scale
Designation	
Pay (basic Pay + Technical Pay+ Special Pay + 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 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/Invalid federal government employee	
Beneficiary CNIC#	
Residential Address and contact number (Current)	
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 No and address	
I hereby accept to draw benevolent grant through direct credit system and have also submitted * Indemnity Bond to the bank.	
<small>*The Beneficiary shall produce an Indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her bank account. The beneficiary would further undertake that his/her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his/her Account in full to such excess amount.</small>	
Beneficiary's Signature/Thumb Impression Dated:	
To be verified by Head of Department (Under by Name Stamp, Designation, Signature & Date)	

Account Verificatio0n (To be verified by the Bank)

Account Title (Name)	Signature/Stamp of Bank Manager
Account No.	
Branch Name/Address	
Branch Code	
Indemnity Bond/Lien submitted by the Beneficiary	

.....

To be issued by FEB & GIF Regional Board

Acknowledgement Receipt No. _____	Signature of Officer
Dated: _____	