

# UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR

## NOTIFICATION

No. 217 /25/1/Estt-I/Vol-V

Dated 24 / 5 /2023

In pursuance of adoption of Government of Khyber Pakhtunkhwa, Civil Servants Pension Rules, 2021 for University employees by the Syndicate in its 127<sup>th</sup> meeting held on 18<sup>th</sup> & 19<sup>th</sup> June 2022, the Vice Chancellor is pleased to approve the specimen of "Indemnity Bond", "Undertakings" and pension papers related to University pensioners (Copies enclosed, Page 1 – 21).

Further, all pensioners of the University are requested to fill "Indemnity Bond" and "Undertaking" on Judicial stamp paper (duly attested) and submit to the Pension Section, UET Peshawar within one month positively.



Establishment Officer-II

No. 4628-32 /25/1/Estt-I/Vol-V

Copy to: -

1. The Treasurer, UET Peshawar
2. The Supdt: Pension
3. The P.S to Vice Chancellor
4. The P.S to Registrar
5. The Manager IT Center with the directives to upload the relevant specimens on University website



Establishment Officer-II  
University of Engineering  
& Technology, Peshawar

"INDEMNITY BOND"

To

THE MANAGER,

\_\_\_\_\_ (Name of Bank)

\_\_\_\_\_ (Branch)

\_\_\_\_\_ (City)

In compliance with the SBP's instructions for payment of pension through your Bank branch I/we agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Account. I/we further undertake that my/our legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my/our Pension Account either in full or in installments equal to such excess amount.

Co-Indemnifier/Nominee/Successor/

Signature \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Name of Pensioner \_\_\_\_\_

CNIC: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

Address: \_\_\_\_\_

PPO No: \_\_\_\_\_

Signature \_\_\_\_\_

Bank Account No: \_\_\_\_\_

CNIC: \_\_\_\_\_

WITNESS - 1

WITNESS - 2

CNIC: \_\_\_\_\_

CNIC: \_\_\_\_\_

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

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

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

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





Pension Form - I  
[see rule 6(1)&(2)]

MEDICAL CERTIFICATE

Certified that I (we) have carefully examined Mr./Mst: \_\_\_\_\_

Son of/Daughter of \_\_\_\_\_ working as \_\_\_\_\_

\_\_\_\_\_ in the \_\_\_\_\_ (Department).

His age by his own statement is \_\_\_\_\_ years.

I (we) consider that Mr./Ms. \_\_\_\_\_ (name of civil servant) to be completely and permanently incapacitated for further service of any kind (or in the Department to which he belongs) in consequence of \_\_\_\_\_ (here state disease or cause).

Note: (1) If the incapacity does not appear to be complete and permanent, the certificate should be modified accordingly and the following additional should be made:

I am (we) are of opinion that Mr./Ms: \_\_\_\_\_ is fit for further service of a less laborious character than that which he has been doing ( or may after resting for \_\_\_\_\_ months, be fit for further service of a less laborious character than that which he has been doing).

(Signature) \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Stamp \_\_\_\_\_

(Signature) \_\_\_\_\_

(Name) \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Stamp \_\_\_\_\_



Pension Form -II  
[see rule 15 (11)]

OPTION FOR PENSION

(in case of eligibility for a second pension of a pensioner receiving his own pension)

I, \_\_\_\_\_ son of/daughter of/wife of \_\_\_\_\_ retired  
as \_\_\_\_\_ (designation with BPS) on \_\_\_\_\_ (date of retirement)  
from the \_\_\_\_\_ (department), and drawing pension, of Rs.  
\_\_\_\_\_ Per month from \_\_\_\_\_ (Name of Bank) \_\_\_\_\_ (Name of  
Branch) \_\_\_\_\_ (Account No), become eligible for family pension in  
respect of my deceased Husband/wife/father/mother \_\_\_\_\_ (give  
relationship) who died on \_\_\_\_\_. At the time of death, he was working/retired  
as \_\_\_\_\_ (designation with BPS) from \_\_\_\_\_ (department).

I, therefore, opt to draw the family pension of my  
Husband/wife/father/mother \_\_\_\_\_ Mr. /Ms. \_\_\_\_\_ and not to  
receive my own pension.

It is certified that I am not drawing any kind of other pension

Date \_\_\_\_\_ (Signature)  
Name \_\_\_\_\_ Address \_\_\_\_\_  
CNIC No. \_\_\_\_\_

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Pension Form – III  
[see rule 15(11)]

OPTION FOR PENSION

(in case of eligibility for a second pension of a pensioner already receiving a family pension)

I, \_\_\_\_\_ son of /daughter of /wife of \_\_\_\_\_ states that I am receiving family pension of my deceased \_\_\_\_\_ (give relationship), who was retired as \_\_\_\_\_ (designation with BPS) from the \_\_\_\_\_ (department) and died \_\_\_\_\_, I, become eligible for another family pension of my deceased \_\_\_\_\_ (give relationship) Mr. Ms. \_\_\_\_\_ (give name), who has been working/retired as \_\_\_\_\_ (give designation with BPS) from the \_\_\_\_\_ (name of department) and died on \_\_\_\_\_.

I, therefore, opt to receive the pension of my deceased \_\_\_\_\_ (give relationship) Mr. Ms. \_\_\_\_\_ (give name).

It is certified that I am not drawing any kind of other pension.

Date

(Signature)





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Pension Form - IV  
Affidavit

[see Explanation-I under rule 15(11)]

I, \_\_\_\_\_ (name) \_\_\_\_\_  
C.N.I.C.No. \_\_\_\_\_ Resident of \_\_\_\_\_,  
husband of Mst: \_\_\_\_\_ (name of deceased civil servant), who has been  
working as \_\_\_\_\_ (post with BPS) in the  
\_\_\_\_\_ (indicate the name of the office/department, or retired as  
from \_\_\_\_\_ (name of department/office) and has been expired  
on \_\_\_\_\_, do solemnly affirm on oath that I have no source of income nor I am  
holding a pensionable post or receiving any other pension. I was residing with and  
wholly dependent upon my deceased wife.

Thumb impression (Signature)

Name

Father's name



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Pension Form - V  
Affidavit

[see Explanation-I under rule 15(11)]

I, \_\_\_\_\_ son of/daughter of \_\_\_\_\_ CNIC  
No. \_\_\_\_\_ Resident of \_\_\_\_\_  
\_\_\_\_\_ (address),  
entitled for family pension of Mr./Mst: \_\_\_\_\_ (name of deceased civil  
servant) who was my \_\_\_\_\_ (indicate relationship) and has been working  
as \_\_\_\_\_ name of post and BPS \_\_\_\_\_ or retired as  
\_\_\_\_\_ from the department \_\_\_\_\_ and has been expired on  
\_\_\_\_\_, do solemnly affirm on oath, that I have no source of income nor I  
am holding a pensionable post or receiving any other pension. I was residing with and  
wholly dependent upon the deceased.

Thumb impression \_\_\_\_\_ (Signature)  
(Name) \_\_\_\_\_

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PENSION PAPERS

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

Father/Husband Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_

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

Department: \_\_\_\_\_

Personal No: \_\_\_\_\_

Date of Retirement/Death: \_\_\_\_\_

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Pension Form – VI  
[see rule 23(1),(7),(9),(11) & (14)]

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

(To be given by retiring civil servant for grant of pension in case of  
superannuation/retiring/invalid/compensation/compulsory retirement)

To

Sir/Madam,

It is submitted that I, \_\_\_\_\_ Son of/daughter of/wife  
of \_\_\_\_\_  
Designation/post held \_\_\_\_\_ BPS \_\_\_\_\_ (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. \_\_\_\_\_ Email  
\_\_\_\_\_ Postal address \_\_\_\_\_

That I have retired/ have been permitted to retire from Government service. I am due to  
retire/has been retired compulsorily on \_\_\_\_\_.  
My pension/commutation/gratuity may be transferred/ credited by the Accounts Office in  
the Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_  
Account No. \_\_\_\_\_ DCS Form (where applicable) and list of my  
family members. is enclosed).

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UNDERTAKING

1. I hereby declare that I am not in receipt of any other pension, military or otherwise except PPO No. \_\_\_\_\_ dated \_\_\_\_\_ amount \_\_\_\_\_ department \_\_\_\_\_, retired on \_\_\_\_\_.
2. I do hereby undertake that the pension sanctioning authority may, within one year from the issue of Pension Payment Order, recover any of its dues from the pension granted to me.
3. I hereby declare that I shall not take part in any elections or engage myself in political activities of any kind within two years from the date of retirement.
4. 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/commutation 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. 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 regulations.
6. I do hereby declare that I have not received any pension or commutation/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 AND SIGNATURE OF  
RETIRING CIVIL SERVANT  
(PENSIONER)

Certificate by the head of department under sub rule (7) of rule 23 of these rules

HEAD OF OFFICE/DEPARTMENT

Note: Pension to be verified by pension sanctioning authority/DDO

Important: Every pensioner/family 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.

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**PENSION SANCTION ORDER TO BE USED IN CASE OF  
SUPERANNUATION/RETIRING/INVALID/ COMPENSATION/COMPULSORY  
RETIREMENT.**

(To be issued by the Pension Sanctioning Authority)

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

On attaining the age of superannuation/having applied for retiring/invalid/compensatory pension vide application dated \_\_\_\_\_ Or has been retired compulsorily vide Notification/Order No. \_\_\_\_\_ Dated \_\_\_\_\_ issued by \_\_\_\_\_ Mr./Miss/Ms: \_\_\_\_\_ S/O, W/O, \_\_\_\_\_ D/O \_\_\_\_\_ Designation \_\_\_\_\_ drawing pay/emoluments Rs. \_\_\_\_\_ PM (reckonable towards pension), in BPS \_\_\_\_\_ on \_\_\_\_\_ (please indicate nature of appointment i.e. Regular /Officiating/Acting charge /Current charge basis, w.e.f. \_\_\_\_\_ Personnel No. \_\_\_\_\_ presently posted as \_\_\_\_\_, has retired/has been permitted to retire/is due to be retired/has been retired compulsorily from the Government service (tick where 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. \_\_\_\_\_

1). His/her date of birth is \_\_\_\_\_ Date of 1<sup>st</sup> entry into government service is \_\_\_\_\_ and Extra Ordinary Leave availed \_\_\_\_\_ 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.

4). Certified that:

(i) Advances drawn (if any) stand fully repaid, along with interest.

(ii) An amount of Rs. \_\_\_\_\_ on account \_\_\_\_\_ (HBA/MCA/etc: principal amount along with interest is outstanding which may be recovered from the pension.

5) Anticipatory pension up to ( \_\_\_\_\_ %) of full pension is sanctioned as admissible to him/her.

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 \_\_\_\_\_ of full pension is sanctioned.

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7). Undersigned is satisfied that the service of retiring employee has been satisfactory. Administrative and financial sanction for grant of pension/commutation @ \_\_\_\_\_% up to 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. \_\_\_\_\_ and may be paid through Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_ Account No. \_\_\_\_\_ (mentioned in DCS Form enclosed) as admissible under the rules.

8). Undersigned is satisfied that the services of Mr./Mrs./Ms. \_\_\_\_\_ has not been satisfactory and it has been decided that the full pension/gratuity/commutation found to the Accounts 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 gratuity/commutation \_\_\_\_\_

Sanction is hereby accorded to the grant of pension/gratuity/commutation as so reduced.

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

Following documents attached.

1. Pension application.
2. Notification/Order of retirement.
3. Last Pay Certificate(LPC)/Last Pay Slip
4. Pension contribution certificate in case of foreign service
5. Original Service Book with its attested copy or service statement in case of officers.
6. NOC from Estate Office in case the civil servant was provided government accommodation otherwise a certificate by the civil servant that he has not been provided the government accommodation.
7. Three attested photographs of the pensioner
8. List of dependent family members
9. Specimen signature/ Left and Right hands thumb and finger impressions.
10. Option for commutation.
11. Bank account's details.

SIGNATURE WITH STAMP OF  
PENSION SANCTIONING  
AUTHORITY/HEAD OF  
OFFICE/DEPARTMENT



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## APPLICATION FOR FAMILY PENSION

(in case of death while in service)

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

To

Dear Sir/Madam

It is submitted that my Husband/wife/Mother/Father/Son/Daughter  
 (name of the civil servant) working as \_\_\_\_\_ in the  
 (name of department) has expired on \_\_\_\_\_  
 (Death certificate is attached). I therefore request that the family pension admissible  
 under the rules may kindly be sanctioned to me.

List of family members is as under:

S.#	Name	Relationship with the deceased	CNIC No.	Age/DoB	Marital status	Any disability

It is hereby informed that my gratuity/commutation/family pension may be  
 transferred/credited by the Accounts Office in the Bank \_\_\_\_\_  
 Branch \_\_\_\_\_ City \_\_\_\_\_ Account No. \_\_\_\_\_

(DCS form, where applicable is enclosed).

It is hereby informed that the family member Mr./Miss/\_\_\_\_\_ son of/daughter of the  
 deceased is disabled. Disability certificate from the competent authority is enclosed.

The disabled CNIC issued by NADRA for the above disabled child is enclosed.



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UNDERTAKINGS

I do hereby undertake that pensioning sanctioning authority may, within one year of pension payment order, recover any of its dues from the pension granted to me.

I do hereby declare that I have neither applied for nor received any family pension or gratuity/commutation in respect of any portion of the service included in this application and in respect of which family pension/ gratuity/commutation 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.

I hereby undertake to refund if the amount of family pension granted to me afterwards found to be in excess of that to which I am entitled under the regulations.

I do hereby declare that I have not received any family pension or gratuity/commutation in respect of any portion of the service included in this application (in case of anticipatory pension only).

I do hereby declare that neither I nor any of the family members mentioned above are working against any pensionable post in any department/office OR

I do hereby declare that the following members of the deceased family are working against pensionable posts:

S. #	Name	Relationship with deceased	Name of office wherein appointed	Designation with BPS	Date of appointment

I do hereby declare that I am or any eligible member of the deceased family not receiving any kind of pension from Government or a local fund; OR





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I do hereby declare that the following members of the deceased family are drawing pension:

S. #	Name	Relation-ship with deceased in this case	Nature of pension being drawing	Amount of pension	Name of deceased in whose case family pension is drawing	Deptt./ office wherein he was working	Relation-ship with deceased

SIGNATURE \_\_\_\_\_

THUMB IMPRESSION \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

CNIC NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP WITH DECEASED \_\_\_\_\_

HEAD OF OFFICE/  
DEPARTMENT

Note: Pension to be verified by pension sanctioning authority/DDO.

Important: Every pensioner/family 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.



## FAMILY PENSION SANCTION

(To be issued by the Pensioning sanctioning authority in the event in-service death of the civil servant)

Subject: SANCTION OF FAMILY PENSION IN CASE OF IN-SERVICE DEATH OF A CIVIL SERVANT

1. It is mentioned that Mr./Mrs./Ms. S/O D/O W/O working as (please indicate the post held and kind of appointment i.e regular/officiating/Acting charge/Current charge in BPS w.e.f. posted in the (please indicate the name of office/department), drawing pay/emoluments (reckonable towards pension) Rs. personal No. CNIC No. has expired on while in service.

2. His/her date of birth is. Date of 1<sup>st</sup> entry into government service is. Extra Ordinary Leave availed during service. His/her total length of qualifying service for pension comes to years months days.

3. Family pension calculation:

Emoluments last drawn  
Length of service.  
Gross Pension of the deceased  
Family pension @ 75% of gross pension  
Gratuity @ 1/4<sup>th</sup> of gross pension.

Other benefits

i) Rs.  
ii) Rs.

It is certified that:

4. No inquiry is pending against the deceased civil servant  
5. No demand/recovery is outstanding against the deceased.  
6. Advances drawn by the deceased (if any) have been fully repaid or waived off.  
7. 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 and family pension may be transferred/credited in Bank Branch City Account No. as opted.

8. Administrative and financial sanction for grant of family pension/gratuity is hereby accorded.

Following documents are attached.

- Pension application along with three attested photographs
- Death certificate.
- Death notification/order
- Last pay certificate



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- Original service book with its attested copy or service statement (in case of Officers.
- NOC from Estate Office in case the civil servant was provided government accommodation, otherwise a certificate by the applicant that the deceased civil servant has not been provided the government accommodation.

The Accounts Office is requested to grant family pension/gratuity and endorse a copy of family pension payment order to this department/office.

SIGNATURE WITH STAMP OF  
PENSION SANCTIONING  
AUTHORITY /HEAD OF  
OFFICE/DEPARTMENT.  
Date \_\_\_\_\_.

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 \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_ Account No. \_\_\_\_\_ as opted by you.

SIGNATURE WITH STAMP OF  
PENSION SANCTIONING  
AUTHORITY/ HEAD OF  
OFFICE/DEPARTMENT  
Dated \_\_\_\_\_.

Important: As per requirements 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.

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**APPLICATION FOR FAMILY PENSION**  
(in case of death of pensioner after retirement)  
(To be filled and signed by the applicant himself/herself).

To

Dear Sir,

It is submitted that my Husband/Wife/Father/Mother/Son/daughter, who has been retired as \_\_\_\_\_ from \_\_\_\_\_ (please indicate the name of department), and drawing pension from \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_ City, has expired on \_\_\_\_\_ (date).

2. I, therefore request, that the family pension admissible under the rules may kindly be sanctioned and transferred into my name.

3. It is declared that:

- i) Neither I nor any family member holding any pensionable post in any department/office. OR
- ii) The following members of the family are holding pensionable posts as under:

S.No.	Name of family member	Relationship with the deceased	Post held with BPS	Department/Office

- iii) Neither I nor any family member is drawing any kind of pension from government or local fund. OR

The following members of the family are drawing pension:

S.No.	Name	Relation-ship with deceased in this case	Nature of pension being drawing (Self or family)	Amount of pension	Name of deceased in whose case family pension is drawing	Deptt:/office wherei n he was work-ing	Relation-ship with deceased

- iv) I have neither received nor applied for any family pension.
- v) Any amount of the family pension granted to me, afterwards found to be in excess of that to which I am entitled under the rules, I hereby undertake to refund any such excess.



- i) he has no source of income and was wholly dependent upon his deceased wife. OR
- ii) (ii) he is applying for family pension of his deceased wife on behalf of children who are minor.

5. The following documents duly attested are attached:

- Three specimen signatures of the undersigned.
- Three sets of thumb and finger impressions of the undersigned.
- Three photographs of the undersigned.
- Three sets of List of particulars of family members of my deceased \_\_\_\_\_ (indicate relationship with deceased).
- Three sets of descriptive roll
- Death certificate
- Non-marriage certificate
- Non separation certificate on stamp paper duly attested by the Oath Commissioner.
- Disability certificate from the District Health Officer or the Medical Superintendent.
- Three copies of CNIC of the undersigned.
- In case of widow daughter, Nikahnama and death certificate of her husband.
- In case of divorced daughter, Nikah name and divorced paper.
- Option for Direct Credit System (DCS) and Indemnity Bond on stamp paper.


Yours faithfully,

(Signature) \_\_\_\_\_ (Name)

\_\_\_\_\_ (Relationship)

with

deceased \_\_\_\_\_ (widow/husband/son/daughter/father/mother).





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**FAMILY PENSION SANCTION**

(To be issued by the Pension sanctioning authority in the event of death after retirement)

Subject: SANCTION OF FAMILY PENSION IN CASE OF DEATH AFTER RETIREMENT.

1. It is mentioned that /Mrs./Ms. \_\_\_\_\_ S/O \_\_\_\_\_  
D/O \_\_\_\_\_ W/O \_\_\_\_\_ working as \_\_\_\_\_ (please indicate the post held and kind of appointment i.e regular/officiating/Acting charge/Current charge \_\_\_\_\_ in BPS \_\_\_\_\_ posted in the \_\_\_\_\_ (please indicate the name of office/department), retired on \_\_\_\_\_ has expired on \_\_\_\_\_.

2. Family pension @ 75% of net pension, the deceased has been drawing immediately before his/her death is sanctioned in favour of the following family member (s).

S.No.	Name	Age	Relationship with the deceased pensioner	Marital status	Share out of family pension	Any disability

3. Family pension calculation:

Net Pension of the deceased \_\_\_\_\_

Family pension @ 75% of gross pension \_\_\_\_\_

Other benefits

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

It is certified that:

4. No inquiry is pending against the deceased civil servant

5. No demand/recovery is outstanding against the deceased.

6. Advances drawn by the deceased (if any) have been fully repaid or waived off.

7. 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 and family pension may be transferred/credited in Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_ Account No. \_\_\_\_\_, as opted.

8. Administrative and financial sanction for grant of family pension/gratuity is hereby accorded.

Following documents are attached.

- Pension application along with three attested photographs
- Death certificate.
- Death notification/order
- Last pay certificate
- Pension contribution receipt in case of foreign service
- Original service book with its attested copy or service statement (in case of Officers.
- NOC from Estate Office in case the civil servant was provided government accommodation, otherwise a certificate by the applicant that the deceased civil servant has not been provided the government accommodation.

Dated \_\_\_\_\_

SIGNATURE WITH STAMP OF



(20)

POST PENSION LIFE 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 (pension payment office) in person or through representative or by postal/courier service).

This is to certify that Mr./Mrs/Ms \_\_\_\_\_

S/O, W/O, D/O \_\_\_\_\_ retired as \_\_\_\_\_ from

\_\_\_\_\_ holder of PPO No. \_\_\_\_\_

CNIC No. \_\_\_\_\_ whose specimen signature/thumb impression and address are appended below is alive till date \_\_\_\_\_.

Date \_\_\_\_\_

Pensioner's signature or thumb impression.

Address. \_\_\_\_\_

Phone No. \_\_\_\_\_

Attested by:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

CNIC No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Stamp \_\_\_\_\_

Note: This certificate is to be attested by a Gazetted Government officer/Military Commissioned Officer/MNA/MPA/Bank Manager.

NON 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 (pension payment office) in person or through representative or by postal/courier service).

I, \_\_\_\_\_ Widow/daughter of the deceased  
Mr./Mrs/Ms \_\_\_\_\_, retired as \_\_\_\_\_ from \_\_\_\_\_  
holder of PPO No. \_\_\_\_\_ CNIC No. \_\_\_\_\_ hereby  
declare that I have not been married during the last six months.

Date \_\_\_\_\_

Pensioner's signature or thumb  
impression.

Address. \_\_\_\_\_

Phone No. \_\_\_\_\_

Attested by:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

CNIC No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Stamp \_\_\_\_\_

Note: This certificate is to be attested by a Gazette Government officer/Military  
Commissioned Officer/MNA/MPA/Bank Manager

SECRETARY TO  
GOVERNMENT OF THE KHYBER PAKHTUNKHWA  
FINANCE DEPARTMENT.