<u>APPLICATION FOR PAYMENT OF FAREWELL GRANT ON RETIREMENT</u>

PART-I

1							
	i) Name of the employee						
	ii) Designation and BPS						
	iii) Department						
	iv) Station/place of last posting						
	v) Father/Husband's Name						
	vi) CNIC No.						
2	Last pay per month						
	a) Basic pay						
	b) Special pay						
	c) Technical pay						
	d) Personal pay						
	e) Qualification pay						
	f) Any other pay						
3	Date of Birth						
4	Date of entry into service						
	a) PARC						
	b) Other organization						
	Length of Service	From	То	 	Period		
	<u>Length of Service</u>	rioni	10	Y	M	D	
	PARC			1	171	_ D	
	Other organization/EOL						
	Net qualifying PARC service	1					
5	Date of retirement						
6	Period for which contributions to Bene	evolent and Group Insurance Fin	nds were not no	aid			
U	remod for which contributions to Bene	Wolche and Group Insurance I di	ids were not pe	11G			
7	Interruption in service (if any)						
8	Present address of the employee						
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			(,)	
			EMPLOY	EE'S SIG	GNATH	RE	
		PART-II	LIMI LOT	LL 3 3N	JIVA I U	KL	
	CERTIFI	CATE BY THE ESTABLISH	MENT				
				4.			
1.							
2.			1/work charged	employ	ee nor a		
_	deputationist from a provincial Govern						
3.	2		me.				
4.					Τ\		
	i. An attested copy of initial appointment letter of the employee			,	(Annex-I)		
	ii. An attested copy of last pay certificate issued			,	(Annex-II)		
	iii. A copy of retirement orders of the employee			(Annex-III)			
	iv. An attested copy of pension payment order /certificate of service record			,	(Annex-IV)		
	v. An attested copy of CNIC			(Anne	(Annex-V)		

vi. An attested copy of Leave Record

(Annex-VI)