



PROFORMA FOR THE FAREWELL GRANT FROM BALOCHISTAN GOVERNMENT
SERVANTS BENEVOLENT FUND

- 1 Name of Applicant _____ Father's/Husband Name _____
- 2 Date of Retirement/Deceased/Invalidated Employee _____
- 3 Particulars of Employee: _____ Gazatted (B-) or Non Gazatted (B-)
- 4 Designation _____ Department _____
- 5 Last Basic Pay drawn _____
- 6 Account No. _____ Bank Name _____
- 7 Bank Address: _____
- 8 CNIC No. _____ Ph:/Mobile No. _____

I state on oath that all the above mentioned information is correct to the best of my knowledge and I will be personally responsible for any wrong statement.

Signature of Applicant

Note:

- Copy of the CNIC
- Notification / order of retirement
- A copy of attested computerized Last Pay Slip
- All the applications must be forwarded through Administrative Departments.

Signature & Designation with
Official Seal of the Head of Department