APPLICATION FORM FOR THE GRANT OF FINANCIAL ASSISTANCE TO THE GOVERNMENT SERVANTS DIED DURING SERVICE

1	Name of Govt. Servant											
2	Father's name											
3	Designation											
4	Pay Scale											
5	Pay at the time of death											
6	Post held at the time of death											
7	CNIC No. of Govt. Servant				-						-	
8	Date of Birth			-			-					
9	Date of 1 st Appointment			-			-					
10	Date of Death			-			-					
11	Length of service											
12	Amount of claim admissible											
	under the rules											
13	Present Address											
14	Permanent Address											
15	Details of dependent(s)/Legal heir	rs wi	th the	eir na	mes a	and a	ges.					
S#	Name	Age			M	Marital Status				Relationship		
1												
2												
3												
4												
5												
6												
7												
8												
9						_						
10												

I do hereby solemnly affirm and verify that the contents of the above application are true to the best of my knowledge and nothing has been concerned.

Name and Signature of applicant

I certify and attest the details furnished above on the record available in this office.

Name of Head of Office/Department With Office Seal Name of Head of Department/Administrative with Office Seal

NOTE:- PLEASE ATTACH ATTESTED COPIES OF THE FOLLOWING.

- 1. CNIC of Government servant
- 2. L.P.C.
- 3. Death Certificate
- 4. CNIC of the applicant
- 5. Non-remarriage Certificate