

GOVERNMENT OF PAKISTAN
ESTABLISHMENT DIVISION
STAFF WELFARE ORGANIZATION
REGIONAL OFFICE

APPLICATION FORM FOR THE GRANT OUT OF FEDERAL STAFF RELIEF FUND

PART-A (TO BE FILLED IN BY THE APPLICANT)

1. Name of the Government Servant: _____
2. CNIC No: _____
3. Designation & BPS _____
4. Name of Office & Address: _____
5. Purpose for which grant has been applied:

1. Death of Govt. Servant	BS 1-22
2. Death of Dependent	BS 1-16
3. Prolonged Illness	BS 1-16
4. Optical (Only for Govt. Servant)	BS 1-16
6. Name of applicant/Dependent _____
7. Relationship with Govt. Servant: Self/Spouse/Children/Other
8. Nature/Duration of Sickness: _____
(FOR AILMENT CASES)
9. Detail of previously received FSRF Grant: _____
(FOR AILMENT CASES)

PART-B (DETAIL OF BANK ACCOUNT)

10. Title of Account (Name as per bank record): _____
11. Name of Bank and Branch: _____
12. Bank Account/IBAN No.: _____
13. Contact No. Office _____ Personal _____ Emergency _____
14. Residential address _____

(SIGNATURE OF APPLICANT)

Date _____

PART-C (TO BE FILLED IN BY THE DEPARTMENT)

No. _____

Certified that the particulars mentioned under Part A&B above are correct

**SIGNATURE & SEAL OF
FORWARDING AUTHORITY**

MEDICAL CERTIFICATE

I, Dr. _____ of _____
(NAME OF DOCTOR)

Holding registration No. of PMDC _____ hereby certify that Mr./Mrs./Mst. _____
S/O, W/O, D/O _____ is suffering from _____
(NAME OF DISEASE)

Since _____ and will require treatment for _____
(APPROX DURATION)

He/Her case is recommended for special diet/medical treatment/surgery. The copies of the documents/schedule of treatment are enclosed.

NOTE: Stamp with name of Doctor will only be accepted

**SIGNATURE & SEAL OF
AUTHORIZED DOCTOR**

PART-D (RECOMMENDATION OF CIVIL SURGEON IN CASE OF PROLONGED ILLNESS CASES)

- Recommended Amount Rs: _____
- Not Recommended

**SIGNATURE & SEAL OF
CIVIL SURGEON**

PART-E (OFFICE USE ONLY)

Received by & Signature _____ Diary No. _____ Date: _____

Eligibility: Only Govt. Servant who draw salary from civil estimate i.e. A.G.P.R.

REQUIRED DOCUMENTS MUST BE ATTESTED:

In case of death of Govt. Servant (BS 1-22)

1. Copy of CNIC of Deceased Govt. Servant
2. Copy of CNIC of Widow/Legal Heir
3. Copy of Death Certificate
4. Copy of Pay Slip
5. Copy of Death Notification
6. Affidavit that applicant is only legal entitled widow, widower or heir

In case of death of Dependent (BS 1-16)

1. Copy of CNIC of Govt. Servant
2. Copy of Pay Slip
3. Copy of CNIC/Form-B of deceased dependent.
4. Copy of Death Certificate

In case of Prolonged Illness (BS 1-16)

1. Copy of CNIC of Govt. Servant
2. Copy of Pay Slip
3. Copy of Documentary evidence/Proof of relationship with employee (CNIC/Form-B)
4. Copies of fresh medical treatment/OPD Slips/Prescriptions

In case of Purchase of Optical (Only for Govt. servant) (BS 1-16)

1. Copy of CNIC of Govt. Servant
2. Copy of Pay Slip of Govt. Servant
3. Copy of Prescription of Eye Department/Hospital/Doctor
4. Original Bill/Cash memo of purchased Optical