Annexure-C

**** THE UNIVERSITY OF AZAD JAMMU & KASHMIR

**Muzaffarabad**

**Farewell Grant Application**

**PART-I**

1. i) Name of employee

ii) Designation and BPS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iii) Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iv) Father/Husband’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

v) CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vi) Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vii) Last Position Department/Section (Just before retirement)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

5. Date of retirement

6. Period for which contributions to Benevolent Funds were not paid

7. Interruption in service (if any)

8. Present address of the employee

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

**SIGNATURE OF THE EMPLOYEE**

**PART II**

**CERTIFICATE BY THE HEAD OF OFFICE**

1. Certified that the information contained in Part-I of the application form is correct according to our record.

2. Certified that the above named employee was neither a contingent paid/ work charged employee nor a deputation’s from a Provincial Government/Autonomous body.

3. Certified that the farewell grant claim has been preferred for the first time.

4. Following documents are submitted with claim:

i) Attested copy of last pay certificate or pay slip. (Annex-I)

ii) A copy of retirement orders of the employee. (Annex-II)

 iii) Attested copy of CNIC (Annex-III)

 Seal and Signature

**Head of the Office/Incharge**