

See Rules – 5

**APPLICATION FOR GRANT FROM THE SINDH GOVERNMENT SERVANTS
BENEVOLENT FUND**

PART – II

01. Name of the Government servant _____
02. Date of entry into Govt. Service _____
03. Date of death, or Retirement of Govt. Servant _____
04. Total length of Service at the time of
Death, or retirement _____
05. (a) Post held at the time of retirement _____
Or at the time of death or _____
Before retirement _____
- (b) Whether such post was gazetted
Non-Gazetted _____
- (c) Whether the Govt. Servant _____
Held such post permanently or **Permanent**
Temporarily _____
06. Last pay drawn and scale of pay _____
- (a) Details of dependent family member _____
Such as their names ages whether _____
Married or un-married, school or _____
College where being educated, _____
Relationship of each with the Govt. Servant _____
- (b) Details of earning Family member _____
Not included in item (a) above and _____
Their monthly incomes _____
08. Details of property left by the Government
Servant for his dependents _____
- (i) Moveable including Cash _____
- (ii) Immoveable _____
09. Amount and date from which pension/
Gratuity / Compensation has been granted _____
By the Government _____
10. If insured, the amount for which insured _____
11. Total G.P Fund accumulations _____
12. (i) Date from which contributing to _____
Wards the Benevolent Fund _____

(ii) Total contribution towards
Benevolent Fund _____

13. Reasons for the application with proof, If any _____

14. In the case of application by a widow
A statement to the effect that she has _____
Not remarried

I do her by solemnly affirm and verify that the contents of the above application are true to the best to the best of my knowledge and belief and that I have concealed nothing I know that in the event of making a willful miss-representation or suppression of fact, I shall be liable to criminal prosecution

Signature _____

Name of the applicant _____

Widow of late _____

Address _____

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

- (i) **Recommend** ←
- (ii) Do not recommend the case of reasons _____

(Signature and name of the controlling
Officer with official seal)