

**FACT SHEET FOR GRANT OF FINANCIAL ASSISTANCE**

1. Name of deceased Govt. Employee: \_\_\_\_\_
2. CNIC No. \_\_\_\_\_ 3. Father's Name. \_\_\_\_\_
4. Designation: \_\_\_\_\_ BPS No. \_\_\_\_\_ Regular/Contract/Adhoc \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ (Attach SSC/First Page of S/Book) \_\_\_\_\_
6. Office/Institution: \_\_\_\_\_
7. Date of Appointment: \_\_\_\_\_ Present Grade/BPS No. \_\_\_\_\_  
in Govt. Service
8. Date of Posting at  
Last Station: \_\_\_\_\_ 9. Claim Rs. \_\_\_\_\_
10. Date of expiry/Attach death certificate. \_\_\_\_\_
11. Detail of Total Service:-

Sr. No.	Name of Office/Institution	From	To	BPS No.	Designation

12. List of Family/Families members of deceased:-

Sr. No.	Name	Relation	Age	%age/Ratio of Share	CNIC No.

- i. Certified that the above particulars are correct and verified with the office record.
- ii. In case of any false/bogus/fake & fictitious/particulars/entry detected subsequently, the undersigned will be responsible for the consequences.

No. \_\_\_\_\_ dated \_\_\_\_\_

No. \_\_\_\_\_ dated \_\_\_\_\_

Countersigned and forwarded please

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name of DDO \_\_\_\_\_

Name of EDO

Designation/Official Stamp

Official Stamp

Dated