**EDUCATION EMPLOYEES FOUNDATION**

# KHYBER PAKHTUNKHWA PESHAWAR

Office Building of Directorate General Commerce Education & Management Sciences

Rano Garhi Chamkani Chowk GT Road Peshawar. Phone No. 091-2614253

E-mail: [eefkpk@gmail.com](mailto:eefkpk@gmail.com) Facebook.com/EEF.KP Twitter.com/KP\_EEF

**APPLICATION FORM FOR THE GRANT OF RETIREMENT RELIEF**

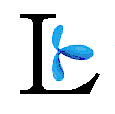
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1). | Name of employee: - | | | | | | |  | | | | | | | | | | | | | |
| 2). | Father’s Name: - | | | | | | |  | | | | | | | | | | | | | |
| 3). | Designation: - | | |  | | | |  | 4). | | BPS | | | | | |  | | | | |
| 5). | Directorate: - | | | | | | |  | | | | | | | | | | | | | |
| 6). | Date of Birth: - | | | | | | |  | | | | | | | | | | | | | |
| 7). | Date of appointment: - | | | | | | |  | | | | | | | | | | | | | |
| 8). | Date of retirement: - | | | | | | |  | | | | | | | | | | | | | |
| 9). | Nature of retirement / leaving service: - | | | | | | |  | | | | | | | | | | | | | |
| 10). | Place of posting at the time of retirement: - | | | | | | |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| 11). | Retirement / Leave Service Order No. | | | | | |  | | | | | | | | | Dated: | | | |  | |
| 12). | Date of Death (In case of Death): - | | | | | | |  | | | | | | | | | | | | | |
| 13). | Name of Legal Heir (In case of Death): - | | | | | |  | | |  | | 14). | | | | | Relation | | | |  |
| 15). | CNIC No. |  | | | | |  | 16). | EEF Registration No. | | | | | | | | | | | |  |
| 17). | Contact Number Personal: (Phone): | | | | | |  | | (Mobile): - | | | | | | | | |  | | | |
| 18). | Contact of Institute (Landline) | | | | | |  | | (Mobile): - | | | | | | | | |  | | | |
| 19). | Postal Address: - | | | | House No. | |  | | | | | | Street | | | | | |  | | |
|  | Mohallah / Village | | | |  | | | | PO | | | | | |  | | | | | | |
|  | Tehsil | |  | | | District / Agency | | | | | | | |  | | | | | | | |

Signature / Thumb Impression of applicant

Sign: Thumb Impression:

**Note: - The following documents must be attached with:**

1. Attested copy of CNIC and Service Card
2. List of family members.
3. Death Certificate (in case of death)
4. Attested copy of CNIC of Legal Heir (in case of Death of the)
5. Last Pay Certificate or Pay Slip **(Showing EEF Fund Deduction)**
6. Attested copy of Notification / office Order of Retirement
7. EEF Registration Number Slip (Photo Copy)



Attestation of head of department

(Director / EDO / AEO / DO / Principal)

Sign: \_\_\_\_\_\_\_\_\_\_\_ seal \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**EDUCATION EMPLOYEES FOUNDATION**

# KHYBER PAKHTUNKHWA PESHAWAR

**OPTION FORM FRO DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT**

Pensioner Information (To be filled in by the pensioner)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **PPO No.** | |  | | |
| **2** | **SAP Personal No.** | |  | | |
| **3** | **Accounts Office (form where PPO originally issued)** | |  | | |
| **4** | **Name of Employee** | |  | | |
| **5** | **Father / Husband Name** | |  | | |
| **6** | **Name of Legal Hair** | |  | | |
| **7** | **Relation with education Employee** | |  | | |
| **8** | **Employee CNIC #** | |  | | |
| **9** | **Legal Heir’s CNIC #** | |  | | |
| **10** | **Residential Address (Current)** | |  | | |
| **11** | **Residential Address (Permanent)** | |  | | |
| **12** | **Designation & Grade at the time of Retirement** | |  | | |
| **13** | **EEF Registration No** | |  | | |
| **14** | **Mobile No.** | |  | | |
| **15** | **Bank Name Address** |  | | **Branch Code:** |  |
| **I hereby opt to draw pension through direct credit system and have also submitted**  **\* Indemnity Bond to the bank.**  \* The pensioner shall produce ad indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his / her Pension Accounts. The pensioner would further undertake that his / her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his / her pension Account either in full or in instalments (as agreed mutually) equal to such excess amount | | | | | |
| Pensioner’s Signature /  Thumb impression  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

Account verification (To be verified by the Bank)

|  |  |  |
| --- | --- | --- |
| Account Title (Name) |  | Signature / Stamp of Bank Manager |
| Account No. |  |
| Branch Name / Address |  |
| Branch Code |  |
| Indemnity Bond submitted by the pensioner | |