

No.

Department/Office of the

Dated:—

~~Subject~~ GRANT OF PENSION/GRATUITY TO

Sir,

I am directed to forward herewith the pension papers in respect of Mr Mrs./Miss _____, as detailed below:—

1. Service Book (where necessary).
2. The Last Pay Certificate showing him/her paid upto.
3. No Demand Certificate of the Department.
4. No Demand Certificate of the Estate Office.
5. An undertaking from the retiring/retired Government Servant/entitled member of his/her family for refund of Government dues from pension (if certificates of Serial Nos. 3 & 4 are not available).
6. A certificate that leave salary/pension contribution for the period from _____ to _____ was duly recovered and credited to the Govt.
7. Form 3 (PEN) (in duplicate).
8. Death Certificate in Original.
9. List of Family Members.
10. A certificate to the effect that the widow was not judicially separated during life time of her husband and that she has not re-married.
11. Descriptive roll of the widow/family members.
12. Specimen signature/thumb impression of the widow duly attested.
13. In the absence of nomination for gratuity, necessary sanction authorising somebody to receive the share of minor child/ children, if any, may be issued.
14. Invalid certificate in original.
15. Three photographs duly attested.
16. Office Order/Notification regarding retirement.

In case of family pension

In case of Invalid pension

Your obedient servant

Signature _____

Designation _____

PENSION PAPERS
OF

Mr./Mrs./Miss _____

N.B.—Please read carefully the instructions contained in the Guide for Retiring Government Servants and the Manual of Pension Procedures.

In the case of family pension or death while in service page 2 will not be filled in and page 2 A will be applicable.

FIRST PAGE
FORM 3 PEN
PART I

(To be filled in and signed by the applicant himself/herself)
APPLICATION FOR PENSION AND/OR GRATUITY

To

The _____

Sig.

*having retired

*having been permitted to retire

I have the honour to say that I am due to retire from service on _____
I therefore request that the pension/gratuity admissible under the rules may
kindly be sanctioned to me.

2. I declare that I have neither applied for nor received any pension or
gratuity for any portion of this service, nor shall I submit any application hereafter
without quoting reference to this application and to the orders which may be
passed on.

3. Should the amount of the pension and/or gratuity granted to me be after-
wards found to be in excess of that to which I am entitled under the rules, I hereby
undertake to refund any such excess.

4. I wish to draw/~~do not wish to draw~~ gratuity in lieu of one fourth of my
Pension.

5. I wish to commute my Pension to the extent of Rs. _____

6. I wish to draw my pension from the District Accounts Officer/Treasury/
Sub-treasury/National Bank of Pakistan, _____ Branch at _____
(Place).

Treasury/National Bank of Pakistan, _____ Branch at _____ (Place).

7. The following documents duly attested, are enclosed:—

- (a) Three specimen signatures of mine/two sets of my thumb and finger
impressions on the prescribed form
- (b) Three photographs of mine

Your obedient servant

Signature : _____

S/O : _____

W/☉ : _____

D/☉ : _____

Post held on the date of retirement : _____

Date: _____

Delete inapplicable alternative

FORM 10 (PEN)

(Referred to in Rule 10.8)

(To be filled in and signed by the applicant himself/herself)
APPLICATION FOR FAMILY PENSION.

To,

The _____

Dear Sir,

I have the honor to say that my husband/wife _____
has expired on (date) _____ I, therefore, request that the family pension
admissible under the rules may kindly be sanctioned to me.

- 2. I declare that I have neither applied for nor received any family pension.
- 3. Should the amount of the family pension granted to me be afterwards found to be in excess of that to which I am entitled under the rules I hereby undertake to refund any such excess.
- 4. I wish to my pension from District Accounts Officer Treasury (Sub Treasury/National Bank of Pakistan. _____ Branch at _____ (Place)

- 5. The following documents, duly attested, are enclosed:—
 - (i) Three specimen signature of mine duly attested/Two sets of my Thumb and finger impressions on the prescribed form.
 - (ii) Three photographs of mine.
 - (iii) List and particulars of family members.
 - (iv) Described Roll.
 - (v) Death Certificate.
 - (vi) Non-marriage and non-separation certificate.

Yours faithfully

Signature _____

Widow/Husband/entitled member of the family

Postal Address: _____
relationship with the deceased Government servant.
pension for death while in service page 2 will not be applicable.
nts and the Manual of Pension Procedures.

PEN
read carefully

In the Guide for

PART II

(To be completed by the Office/Department receiving the application for Pension).

Section (1)-Particulars of Applicant.

- *1. Name of civil servant _____
 *2. Father's Name _____
 *3. Nationality _____
 *4. Postal address _____
 5. Post held on the date of retirement/death and Grade _____
 6. Date of Birth _____
 7. Date of Commencement of service _____
 } Retirement/death _____
 Application for pension _____

8. Length of service: Y M D _____
 From to _____
 From to _____
 From to _____

Total:—

9. Government of commencement and ending of each spell of military service (if any):

From to _____
 From to _____

Total:—

10. Government under which service has been rendered in chronological order.

Government of _____ from to i.e. _____
 Government of _____ from to i.e. _____
 Government of _____ from to i.e. _____

11. Class of pension or gratuity applied for _____
 12. Average Emoluments _____
 13. Proposed Gross pension/Gratuity _____
 14. Proposed family pension _____
 15. Proposed gratuity in lieu of 1/3rd of pension _____
 16. Proposed value of commutation _____
 17. Proposed net pension _____
 18. Place of pension _____

District Accounts Officer
 Treasury/Sub-Treasury
 National Bank of Pakistan
 Branch

19. Date from which pension is to commence _____
 Signature of Head of _____
 Office/Department _____

*Entries Nos. 1,2,3,4, and 18 should be made in capital letters.

Section (2)-Calculation of Qualifying Service

Total length of service as per Col. 10 of Section (1) Non-qualifying Service

From	to	Period		
		Y	M	D
(i) Extraordinary leave				
(ii) Unauthorised absence				
Spel service not qualifying for pension				
Total (i) (ii) & (iii)				
Not qualifying Service.....				

Add	From	Period		
		Y	M	D
(i) Period if any of Military Service or of War Service allowed to count for Pension				
(ii) Benefit of condonation of deficiency in total qualifying Service.				
Total (i) and(ii)				
Total qualifying service				

Section (3) Calculation of "Average Emoluments"
Statement of emoluments during the last 36/12 months.

Period		Duration month and days.		Monthly Rates Emoluments.		Amount Drawn	
From	to	M	D	Rs.	Ps.	Rs.	Ps.

The total emoluments for 36/12 months are
Therefore "Average Emoluments" work out to Rs. 36/12=Rs. P.M.
Section (4)—Calculation of Pension/Gratuity.

Length of total qualifying service _____ years.
Emoluments/Average Emoluments: Rs. _____
Amount of gratuity (in case where qualifying service is 5 years or more but less than 10 years: Rs. _____
Amount of gratuity on discharge from temporary service where qualifying service is 10 years or more but less than 25 years: Rs. _____

*Please see relevant rules/orders before filling in this Section.

Gross Pension

Less 1th (if the applicant wishes to surrender 4th of pension).

Net Pension.

Rs. _____

Rs. _____

Rs. _____

Section (5)—Calculation of gratuity in lieu of pension.

Years

Length of total qualifying service

Rs. _____

Amount of pension surrendered

Rs. _____

Rate of gratuity for every rupee surrendered

187/172/160

Lump sum gratuity admissible

Rs. _____

Section (6)—Commutated value of pension.

(i) Amount of pension to be commuted

Rs. _____

(ii) Age next birthday

Years _____

(iii) Rate of commuted value for every one rupee.

Rs. _____

(iv) Commuted value of pension.

Rs. _____

Section (7)—Orders of the Sanctioning Authority.

1. The undersigned is satisfied that the service of _____ has not been satisfactory. The grant of full pension and/or gratuity which the Audit Officer may find to be admissible under the rules is hereby sanctioned.

OR

The undersigned is satisfied that the service of _____ has not been satisfactory. The grant of full pension and/or gratuity which the gratuity found by the Audit Officer to be admissible under the rules should be reduced by the specific amounts or percentage given below:—

Amount or percentage of reduction in pension _____

Amount or percentage of reduction in gratuity _____
Sanction is hereby accorded to the grant of pension and/or gratuity as so reduced.

2. The payment of pension and/or gratuity may commence from _____

Before issuing the pension payment order, the Audit Officer may kindly ascertain whether the Least Pay and No Demand Certificate have been received by him. In case the Last Pay Certificate and/or No Demand Certificate has/have not been received with the pension paper, the Audit Officer should issue P.P.O subject to the production of the Last Pay Certificate and/or an undertaking, at the time of first payment of pension/gratuity, by the pensioner, or his/her family (in case of his/her death) to the effect that any demand coming to the notice with a period of one year after the issue of P.P.O. would be recovered from him/her.

Signature _____

Designation _____

PART III

(For use in the Accountant General's Office)

- (i) The calculations contained in the preceding page have been checked.
- (ii) Length of qualifying service accepted in Audit _____
- (iii) Reasons for difference, if any between this and the length of qualifying service worked out by the Department.
- (iv) Commuted value of pension. Rs. _____
- (v) Reasons for discrepancy, if any, between this amount and the calculated by the Department.
- (vi) Amount of family pension. Rs. _____
- (vii) Reasons for discrepancy if any, between this amount and that calculated by the Department.
- (viii) Amount of gratuity in lieu of 4th of pension surrendered.
- (ix) Amount of commutation for the pension commuted.
- (x) Reasons for discrepancy, if any, between this amount and that calculated by the Department.
- (xi) Amount of net pension payable. Rs. _____
- (xii) The pension will commence from _____
- (xiii) Allocation of the pension and gratuity:
- | | pension | Gratuity |
|-------------------------|---------|----------|
| Government of _____ | | |
| Government of _____ | | |
| Government of _____ | | |
| Defence Estimates _____ | | |
| Total:— | | |
- (xiv) Anticipatory pension of Rs. _____ (Rupees _____) per month, granted with effect from _____ vide P.P.O. No. _____ under rate _____ to be adjusted in the final P.P.O.
- (xv) Amount of original commuted: Rs. _____
- (xvi) Amount of pension surrendered for gratuity Rs. _____
- (xvii) Checked with the L.P.C. and "No Demand Certificate".
- (xviii) P.P.O. issued vide No. _____ dated _____

Assistant Accountant General
Assistant Accounts Officer.

(To be filled in and signed by the applicant himself/herself)
**APPLICATION FOR FAMILY PENSION IN CASE OF DEATH
 DURING 10 YEARS AFTER RETIREMENT**

To _____

The _____

Dear Sir,

I have the honour to say to that my husband/wife* _____
 has expired of (date) _____ I therefore, request that the
 family pension admissible under the rules may kindly be sanctioned to me.

I declare that have neither applied or not received any family pension

Should the amount of the family pension granted to me be afterwards
 found to be in excess of that which I am entitled under rules, I hereby undertake
 to refund any such excess.

wish to draw my pension from the District Accounts Officer/Treasury
 Sub-Treasury National Bank of Pakistan _____ Branch at _____
 Place

5. The following documents, duly attested, are enclosed:—

- (i) Three specimen signatures of mine duly attested. Two sets of my
 thumb and finger impressions on the prescribed form.
- (ii) Three photographs of mine.
- (iii) List and particulars of family members.
- (iv) Descriptive Roll.
- (v) Death Certificate.
- (vi) Non-marriage and non-separation certificates.

Yours faithfully,

Signature: _____

Widow/Husband/entitled

member of family; _____

Dated: _____

Postal Address: _____

*Not applicable to the case purdah observing lady.

*Indicate relationship with the deceased Govt. servant/pensioner.

TO BE COMPLETED BY THE OFFICE DEPARTMENT RECEIVING
THE (APPLICATION FOR PENSION).

PART-I

1. Name of the deceased pensioner _____
2. Name of Husband/widow/entitled member of the family _____
3. P.P.O. No. and dated _____ issued by the A.G. Sindh
_____ to the deceased pensioner.
4. Audit Office Authority letter No. _____ dated _____
5. Postal Address _____
6. Net monthly pension drawn by the deceased pensioner _____
7. Proposed family pensions _____
8. Place of payment District Accounts Officer/Treasury/Sub-Treasury/
National Bank of Pakistan _____ Branch at _____
9. Period for which pension is to be sanctioned from _____

Signature _____

Designation _____

PART-II

(FOR USE IN THE ACCOUNTANT GENERAL'S OFFICE)

1. The calculations contained above been checked.
2. Amount of family pension : P.s. _____
3. The pension will commence from _____ to _____
4. Allocation of the pension :—
Government of _____
Government of _____
Defence Estimates _____

Total : _____

5. P.P.O. issued vide _____ dated _____

Assistant Account and General
Assistant Account Officers

FORM NO. 7

(Referred to in Rule 8.7)

N-B This form is to be used only if the commuted value of pension has not been applied for in the pension application.

FORM A
COMMUTATION OF CIVIL PENSIONS
SECTION
FORM OF APPLICATION

I _____ dated to commute
a month. I certify that I have correctly furnished the following particulars as
required:—

Place _____ Signature _____

Date _____ Designation _____

Address _____

1. Date of birth. _____

2. Date of retirement. _____

3. Amount of pension to be commuted. _____

4. (a) portion of pension already commuted. _____

(b) particulars of any application for commutation pension even been rejected or ever accepted/declined to accept commutation of pension on the basis of an addition of years to the actual age recommended by the medical authority.

5. District Accounts Office/Treasury/Sub-Treasury/Branch of the National Bank of Pakistan from where commutation money is to be drawn.

6. If drawing pension abroad, which Accounts Officer issued the authority for payment of pension.

7. If already drawing pension, quote the number and date of the pension payment Order and the name of District Accounts Officer/Treasury/Sub-Treasury/Branch of the National Bank of Pakistan at where drawn.

8. Without prejudice to the direction of the sanctioning authority, from what date approximately this commutation should have effect.

9. *Station at which medical examination is preferred.

place _____ Signature _____

Date _____

To

The _____

(here enter the designation
and Address of the Accounts
Officer)

Note 1. *To be filled only if commutation is applied for after one year of the date of retirement.

Note 2. If the commutation is applied within one year of the date of retirement the Accounts Officer will authorize the commutation admissible and the from will not be forward to the authority competent to sanction pension.

SECTION-II

Forwarded to _____

(there enter the designation and address of sanctioning authority)

2. Subject to the medical authority's recommending commutation, the lump-sum payable if the will be as stated below : —

Sum payable if the commutation becomes absolute before the applicant's next birthday which falls on _____	Do.	Do.	Plus
_____	1 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus
_____	2 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus
_____	3 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus
_____	4 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus
_____	5 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus

			On the basis of normal age.
			i.e. _____ years Rs.

Sum payable, if the commutation becomes absolute after the applicant's next birthday but before this next birthday but on _____

_____	Do.	Do.	Plus
_____	1 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus
_____	2 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus
_____	3 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus
_____	4 years, i.e.	_____	years Rs.
_____	Do.	Do.	Plus
_____	5 years, i.e.	_____	years Rs.

The sum payable will be a charge on : —

Date _____
Station _____

Signature and designation
Rs. _____
Accounts Officer

The Government of _____ (Provincial Govt.)

SECTION III

Administrative sanction of _____ is accorded to the above submission. A certified copy of paragraph 2 of Section II of the Form has been forwarded to the applicant in Form B.

Name _____ Signature _____

Date _____ Designation _____

Forwarded to _____

(Here enter the designation and address of _____)

the Chief Administrative Medical Officer

_____ in original on _____ with the request that he will arrange for the medical examination of the applicant by the proper medical authority as early as possible within three months from the _____

(Here enter the date of retirement)

and inform the applicant direct in sufficient time where and when he should appear for the examination.

(Signature and designation of the sanctioning authority)

with one copy of Form an extra copy of Section III of that Form

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FORM B
SECTION I

Subject to the medical authority's recommending commutation and the conditions prescribed in Section II of this Form the lump sum payable will be as stated below:—

Sum payable if the commutation becomes absolute before the applicant's next birthday which falls on _____

On the basis of normal age, i.e. _____ years Rs

Do.	Do.	Plus
1. Years, i.e. _____	_____	year Rs.
Do.	Do.	Plus
2. Years, i.e. _____	_____	year Rs.
Do.	Do.	Plus
3. Years, i.e. _____	_____	year Rs.
Do.	Do.	Plus
4. Years, i.e. _____	_____	year Rs.
Do.	Do.	Plus
5. Years, i.e. _____	_____	year Rs.

On the basis of normal age,

i.e. _____ years Rs

Sum payable if the commutation becomes absolute before the applicant's next birthday but before his next birthday but on _____

Do.	Do.	Plus
1. Years, i.e. _____	_____	year Rs.
Do.	Do.	Plus
2. Years, i.e. _____	_____	year Rs.
Do.	Do.	Plus
3. Years, i.e. _____	_____	year Rs.
Do.	Do.	Plus
4. Years, i.e. _____	_____	year Rs.
Do.	Do.	Plus
5. Years, i.e. _____	_____	year Rs.

Signed _____

Station _____

Signature and designation
of Accounts Officer

SECTION II

The commutation for lump sum payment of the pension of _____ is administratively sanctioned on the basis of the report of the Accounts Officer contained in Section I above. The table of present values, on the basis which the calculation in the Account Officer's report have been made, is subject to alteration at any time without notice, and consequently they are able to revision before payment is made. the sum payable will be the sum appropriate of the applicant's age on his birthday next after the date on which the commutation becomes absolute or, if the medical authority directs that years shall be added to that age, to the consequent assumed age.

2. The _____
(here enter the designation and address of the Chief Administrative)

(Medical Officer)

has been requested to arrange for the medical examination and inform Mr. _____ direct where and when he should appear for the examination. He should bring with him the enclosed Form C with the particulars required in Section I completed except for the signature.

Station _____ Signature _____

Dated _____ Designation _____

To _____

(the name and

address of the

applicant)

FORM II (PEN)

FORM C

MEDICAL EXAMINATION BY THE _____

(Here enter the medical authority)

SECTION I.

Statement by the applicant for commutation of a portion of his pension. The applicant must complete his statement prior to the examination by the _____ and must sign the declaration appended thereto in the presence of that authority.

Form A to be filled in by applicant.

1. State your name in full
(in Block letters)
2. State place of birth.
3. State your age and date of birth
4. Furnish the following particulars concerning your family:

Father's age if alive and state of health	Father's age at death and cause of death	Number of brothers living their ages and state of health	Number of brothers dead, their ages at death and cause of death
Mothers' age if alive and state of health	Mothers' age at death and cause of death	Number of sisters living their ages and state of health.	Number of sisters dead, and cause of death

5. Have any of your near relations suffered from tuberculosis consumption (scrofula) cancer, asthma, fits, epilepsy, insanity or any other nervous disease?
6. Have you ever been abroad. Where and for what period and how long since?
7. Have you ever been abroad. Where and for what period and how long Government Department?
8. Have you ever been examined:—
 - (a) for Life Insurance, or/and
 - (b) by any Government Medical Officer or Medical Board Civil or Military? If so, state details and with what result?

9. Have you ever:—

- (a) had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood asthma inflammation of lungs, blourisy heart disease, fainting attacks, rhemumstism, appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, typhus, gonorrhoea. or _____
- (b) had any other disease or injury which required confinement to bed or medical or surgical treatment, or
- (c) undergone any surgical operation.
10. Have you rupture?
11. Have you varicocels, varicose veins or piles ?
12. It your vision in each eye good ?
13. Is your hearing in ear good ?
14. Have you congenial or acquired malformation, defect or deformity ?
15. When were you last vaccinated ?
16. Is there any farther matter concerning your health not covered by the above questions which should be communicated to the medical authority.

Declaration by applicant

(To be signed in presence of the medical authority)

I declare all the above answers to be, to the best of my belief, true and since?

I will fully reveal to the medical authority all circumstances within my knowledge that concern my health and fitness.

I am fully aware that by wilfully making a false statement or concealing a relevant fact I shall incurst the risk or losing the commutation I have applied for and having my person with-held or withdrawn.

Signed in presence of _____

Applicant's signature

Signature and designation of
medical authority

SECTION II

(To be filled in by the examining medical authority)

1. Apparent age.
2. Height.
3. Weight.
4. Girth of abdomen at level of umbilicus.
5. Pulse rate:—
 - (a) Sitting.
 - (b) Standing.
 - (c) What is character of pulse ?
6. What is condition of arteries ?
7. Blood pressure:—
 - (a) Systolic.
 - (b) Diastolic.
8. Is there any evidence of disease of the main organs:
 - (a) Heart.
 - (b) Lungs.
 - (c) Liver.
 - (d) Spleen.
 - (e) _____
9. Does chemical examination of urine show:—
 - (i) Albumen.
 - (ii) Sugar ? State specific gravity.
10. Has the applicant an rupture ? If so, state the kind and if reducible.
11. Describe any scars or identifying marks.
12. Any additional information.

SECTION III

I/We have carefully examined Mr./Mrs./Miss _____ and am/are of opinion that he/she is not in good bodily health and has the prospect of an average _____ duration of life.

Is not a fit subject for commutation suffering from _____ and his/her age for the purpose of commutation i.e. his/her age next birthday should be taken to be _____ year more than his/her actual age. for the purpose of commutation i.e. his/her age next birthday should be taken to be _____ years more than his/her actual age.

Station _____

Dated _____

(Signature and designation of
examining medical authority)

GOVERNMENT OF SINDH

LAW DEPARTMENT

NOTIFICATION

HIGH COURT OF SINDH

NOTIFICATION

THE HIGH COURT OF SINDH- KARACHI

NAME _____
ADDRESS _____
DATE _____

DECLARATION UNDER ARTICLE 911 CSR

I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of the service included in this application and in respect of which gratuity is claimed herein nor shall I submit application hereafter without quoting a reference to this application and to the order with may be passed thereon.

Signature _____

DECLARATION UNDER ARTICLE 922(a) CSR

It is certified that no pension or gratuity has been received by _____
S/o, D/o _____ either in portion or in full
with respect to service included in this application.

Signature _____

DECLARATION UNDER ARTICLE 920(I) CSR

In case the amount of pension /gratuity sanctioned to me is found to be in excess of that to which I am entitled to under the rules I undertake to refund such excess when called upon to refund such excess.

Signature _____

CONSENT NOTE REGARDING RECOVERY OF GOVERNMENT DUES (351) CSR.

I, hereby, show my consent that the government reserves the right to order the recovery from my pension of any amount on account of losses found in judicial of departmental proceedings to have been caused to government.

Signature _____

UNDERTAKING REQUIRED UNDER MINISTRY OF FINANCE NOTIFICATION NO.S.R.O.144(K)/65(NO.F.1(7)R.1/64, DATED 01-03-1965)

I _____ S/o ,D/o _____
_____ Employee of HIGH COURT OF SINDH, KARACHI give an undertaking that I
will not take part in politics during the first two years after my retirement on _____.

Signature _____

THE HIGH COURT OF SINDH- KARACHI

UNDERTAKING

WHEREAS, I _____ S/o ,D/o _____
_____ going to retire / have retired on _____ from
the post of _____ Finance Division and enquiries has not yet been
completed regarding Government dues ,if any outstanding against me I hereby undertake and
give my consent to the recovery of any Government dues found outstanding against me within
one year from the date of issue of pension payment order to me from the gratuity /pension
admissible to me under the rules.

Signature _____

WITNESS: (Name & CNIC Copies)

Name _____
N.I.C No. _____
Signature _____

Name _____
N.I.C No. _____
Signature _____

Attested By

Drawing & Disbursing Officer
High Court of Sindh
Karachi - Pakistan

DECLARATION UNDER ARTICLE 470 CSR

This is to certify that all entries/ certificate made in relevant documents and furnished with this
pension case is duly signed and the service rendered by _____
_____ S/o ,D/o _____ is hereby
approved for pension. All pension papers are in order and furnished as provided in relevant
rules.

Attested By

Drawing & Disbursing Officer
High Court of Sindh
Karachi - Pakistan

BONAFIED CERTIFICATE

This is to certify that _____ S/o
,D/o _____ Ex- _____ holder
of C.N.I.C No _____ was a bonafied employee of HIGH COURT OF
SINHD,KARACHI-PAKISTAN.

Photograph of Mr/Mrs _____

Picture Attested Paste



THE HIGH COURT OF SINDH- KARACHI
CONSOLIDATED CERTIFICATE

- a) The service rendered by Mr/Mrs. _____
_____ S/o ,D/o _____ wef _____
_____ to _____ is pensionable.
- b) There is no interruption of any kind in service of Mr/Mrs. _____
_____ S/o ,D/o _____
_____ except those in form 3(PEN) and attached certificate.
- c) No any audit para is pending against Mr/Mrs. _____
_____ S/o ,D/o _____.
- d) No any enquiry is pending against Mr/Mrs. _____
_____ S/o ,D/o _____.
- e) Mr/Mrs. _____ S/o
_____ ,D/o _____ was not in receipt
of any pension, gratuity and commutation.
- f) Mr/Mrs. _____ S/o
_____ ,D/o _____ has not received
anticipatory pension.
- g) It is certified that services of Mr/Mrs. _____
_____ S/o ,D/o _____
_____ has been verified from _____ to _____
with reference to the pay bill and their local record and found correct.

**Certified that the above information is correct and all documents have
been attached dully verified.**

Deputy Registrar (Gaz.)
High Court of Sindh
Karachi – Pakistan

**03-Photocopies of Computerized
National Identity Card Attested**

THE HIGH COURT OF SINDH- KARACHI

LIST OF FAMILY MEMBERS

Sr.No	Name	Date of Birth	Relation
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			
<u>5</u>			
<u>6</u>			
<u>7</u>			
<u>8</u>			
<u>9</u>			
<u>10</u>			

Signature : _____

Name : _____

Post & Grade : _____

Office : HIGH COURT OF SINDH-KARACHI- Pakistan

Deputy Registrar (Gaz.)
High Court of Sindh
Karachi – Pakistan

THE HIGH COURT OF SINDH- KARACHI

DESCRIPTIVE ROLL

03-Pictures Attested

NAME : _____
AGE / DATE OF BIRTH : _____
HEIGHT : _____
COLOUR : _____
MARK OF IDENTIFICATION : _____
HOME ADDRESS : _____

SPECIMEN SIGNATURES

1. _____
2. _____
3. _____
4. _____

THUMB & FINGER IMPERSSION

Right Hand

Left Hand

- | | | |
|------------------|-------|-------|
| 1. Thumb | _____ | _____ |
| 2. Forefinger | _____ | _____ |
| 3. Middle finger | _____ | _____ |
| 4. Ring finger | _____ | _____ |
| 5. Little finger | _____ | _____ |

THE HIGH COURT OF SINDH, KARACHI.

NO DEMAND CERTIFICATE

CERTIFIED THAT NO GOVERNMENT DUES ACCORDING TO THE RECORD OF THIS BRANCH
ARE OUTSTANDING AGAINST _____ S/o,D/o

_____, EX _____
_____, HIGH COURT OF SINDH , KARACHI .HE / SHE HAD RETIRED FROM SERVICES
DATED _____ ON ATTAINING THE AGE OF SUPERANNUATION.

Registrar
High Court of Sindh
Karachi

Drawing & Disbursing Officer
High Court of Sindh
Karachi

THE HIGH COURT OF SINDH, KARACHI.

NO ADVANCE CERTIFICATE

CERTIFIED THAT _____ S/o,D/o _____
_____, EX _____,

HIGH COURT OF SINDH , KARACHI. HE HAD RETIRED FROM SERVICES DATED _____
_____ ON ATTAINING THE AGE OF SUPERANNUATION. HE / SHE HAD NOT DRAWN
ANY TEMPORARY OR PERMANENT ADVANCE FROM THIS COURT.

Registrar
High Court of Sindh
Karachi

Drawing & Disbursing Officer
High Court of Sindh
Karachi

LAST PAY CERTIFICATE

ISSUED BY A.G.SINDH /

A.G.P.R

COMPUTERIZED PAY SLIP FOR LAST MONTH

**O ORIGINAL SERVICE BOOK / STATEMENT
OF SERVICE ISSUED BY
A.G.SIND/
DISTRICT ACCOUNTS OFFICER/
AGPR**

OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

Pensioner Information (To be filed in by the Pensioner)

PP No.	
SAP Personal No.	
Accounts Officer (From where PPO originally Issued)	
Name of Pensioner	
Father/Husband Name	
Family Pensioner Name	
Spouse/ Father/ Mother Name	
Pensioner NIC old #	
Pensioner CNIC #	
Family Pensioner CNIC #	
Family Pensioner CNIC #	
Residential Address (Current)	
Residential Address (Permanent)	
Designation & Grade at the time of Retirement	
Ministry/ Division/ Department / Office	High Court of Sindh, Karachi- Pakistan
Present NBP / HBL Address & Code No.	

I hereby opt to draw pension through direct credit system and have also submitted Indemnity Bond to the bank.

Contact No. _____

The Pensioner shall produce an indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his /her Pension Account. 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 installments (as agreed mutually) equal to such excess amount.

Pensioner's Signature/ Thumb Impression

Dated: _____

Drawing & Disbursing Officer
High Court of Sindh
Karachi- Pakistan

Account Verification (To be verified by the Bank)

Account Title(Name)	
Account No.	
Branch Name/Address	
Branch Code	
Joint Account/Single Account	
Indemnity Bond submitted by the Pensioner	

Signature/Stamp of Bank Manager

To be issued by Accounts Officer

Acknowledgement Receipt No. _____ Signature of Officer _____

Date _____

INDEMNITY BOND

The Manager
Habib Bank Limited
Court Road Branch
Karachi

In compliance with the SBP's instructions for payment of pension through your Bank branch I agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Amount. I further undertake that my legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my Pension Account either in full or in instalments equal to such excess amount.

<u>Co-Indemnifier/Nominee/Successor</u>	Signature	_____
Next of Kin _____	Name of Pensioner	_____
CNIC No. _____	Date of Retirement	_____
Address _____	PPO No.	_____
_____	Bank Account No.	_____
_____	CNIC No.	_____
Signature: _____		

Witnesses:

Name _____
N.I.C No. _____
Signature _____

Name _____
N.I.C No. _____
Signature _____

AFFIDAVITE

I, _____ S/o _____,
Muslim Adult, holding CNIC No _____ Resident of _____
_____ do

hereby state on solemn affirm and declare as under:-

- A That I am the deponent of this affidavit and fully conversant with the facts mentioned herein.
- B That I have retired from my service as _____ w.e.f _____
- C That now I have applied for my Pension / Commutation/ G.P.Fund Final Payment on A/c No _____ amount to Accountant General Sindh, Karachi.
- D That I hereby declare if I received any excess amount in respect of said, and then I will return the same to Accountant General Sindh, Karachi without any delay.

Whatever has been stated above is true and correct to the best of my knowledge and belief.

Dated: _____
Karachi

DEPONENT

Witnesses:

Name _____

N.I.C No. _____

Signature _____

Name _____

N.I.C No. _____

Signature _____

FINAL PAYMENT OF THE G.P.FUND
ACCUMULATION OF THE SUBSCRIBER

03-Attested
Photographs,
Passport Size
Photograph of
Applicant.

Name

Father's Name/ Husband 's Name

Designation Of The Subscriber

General Provident Account Number

If He Was Member Of The G.P.Fund Since
Before Partition, The Account Number
Allotted To Him In India, And The Name Of Accounts
Office In Which His Account Maintained There.

The Date Of Commencement Of Leave If Preceded
On Leave Preparatory To Retirement And Whether
The Payment Is Desired During The Period Of Such
Leave.

The Actual Date Of Retirement / Resignation /
Dismissal Or Death As The Case May Be (Attested
Copy Of Order (A) Of Retirement / Termination.)

The Amount Of His Last Fund Deducted With Bill
Number And Date, Token Number And Date. Gross
And Net Amount Of The Bill And Date Of Its
Commencement.

An Original Application Form From The Subscriber
Clearly Indicating Therein Whether The Payment Is
Desired Through The Treasury. Name Of The
Treasury, Personal Marks Of Identification. Left /
Right Hand Thumb And Fingers Impression,
Passport Size Photos And Specimen Signature (All
In Duplicate) Duly Attested By The Gazette Officer.

Number And Date Of The Insurance Policy And The
Name Of The Company, If The Subscriber Financed
And Insurance Policy Out Of His G.P. Fund Account.

Registrar
High Court of Sindh
Karachi

**G . P. FUND SLIP ISSUED BY A. G. SINDH
DISTRICT ACCOUNTS OFFICE /
AGPR** —

GOVERNMENT OF SINDH

LAW DEPARTMENT

NOTIFICATION

HIGH COURT OF SINDH

NOTIFICATION

THE HIGH COURT OF SINDH- KARACHI

03-Pictures Attested

DESCRIPTIVE ROLL

NAME : _____
AGE / DATE OF BIRTH : _____
HEIGHT : _____
COLOUR : _____
MARK OF IDENTIFICATION : _____
HOME ADDRESS : _____

SPECIMEN SIGNATURES

1. _____
2. _____
3. _____
4. _____

THUMB & FINGER IMPERSSION

Right Hand

Left Hand

- | | | |
|------------------|-------|-------|
| 1. Thumb | _____ | _____ |
| 2. Forefinger | _____ | _____ |
| 3. Middle finger | _____ | _____ |
| 4. Ring finger | _____ | _____ |
| 5. Little finger | _____ | _____ |

THE HIGH COURT OF SINDH, KARACHI.

NO DEMAND CERTIFICATE

CERTIFIED THAT NO GOVERNMENT DUES ACCORDING TO THE RECORD OF THIS BRANCH
ARE OUTSTANDING AGAINST _____ S/o,D/o

_____,EX_____
_____, HIGH COURT OF SINDH , KARACHI .HE / SHE HAD RETIRED FROM SERVICES
DATED _____ ON ATTAINING THE AGE OF SUPERANNUATION.

Registrar
High Court of Sindh
Karachi

Drawing & Disbursing Officer
High Court of Sindh
Karachi

THE HIGH COURT OF SINDH, KARACHI.

NO ADVANCE CERTIFICATE

CERTIFIED THAT _____ S/o,D/o _____
_____,EX_____

HIGH COURT OF SINDH , KARACHI. HE HAD RETIRED FROM SERVICES DATED _____
_____ ON ATTAINING THE AGE OF SUPERANNUATION. HE / SHE HAD NOT DRAWN
ANY TEMPORARY OR PERMANENT ADVANCE FROM THIS COURT.

Registrar
High Court of Sindh
Karachi

Drawing & Disbursing Officer
High Court of Sindh
Karachi

COMPUTERIZED PAY SLIP FOR LAST MONTH

LAST PAY CERTIFICATE

ISSUED BY A.G.SINDH /

A.G.P.R

**ORIGINAL SERVICE BOOK / STATEMENT
OF SERVICE ISSUED BY
A.G.SIND/
DISTRICT ACCOUNTS OFFICER/
AGPR**

AFFIDAVITE

I, _____ S/o _____,
Muslim Adult, holding CNIC No _____ Resident of _____
_____ do

hereby state on solemn affirm and declare as under:-

- A That I am the deponent of this affidavit and fully conversant with the facts mentioned herein.
- B That I have retired from my service as _____ w.e.f _____
- C That now I have applied for my Pension / Commutation/ G.P.Fund Final Payment on A/c No _____ amount to Accountant General Sindh, Karachi.
- D That I hereby declare if I received any excess amount in respect of said, and then I will return the same to Accountant General Sindh, Karachi without any delay.

Whatever has been stated above is true and correct to the best of my knowledge and belief.

Dated: _____
Karachi

DEPONENT

Witnesses:

Name _____

Name _____

N.I.C No. _____

N.I.C No. _____

Signature _____

Signature _____

DECLARATION

I, _____ S/o _____,
Muslim Adult, holding CNIC No _____ Resident of _____
_____ do

hereby state on solemn affirmation as under:-

- 1 That I am a Muslim and follower of _____.
- 2 That, as per the Judgment of Honourable Supreme Court of Pakistan reported as PLD 1999 S.C 476 (Federation of Pakistan & 2 others vs Miss. Farzana Asar), I am not obliged to compulsorily pay and am entitled to exemption from compulsory deduction of Zakat under the Zakat & Ushr Ordinance, 1980 and Rules, 1981 on following assets :-

Saving Bank Account, P.L.S. Account, Postal Saving Accounts, Defence Saving Certificates, all kinds of Saving Certificates, Mutual Fund Certificates, National Deposit, G.P.Fund, N.I.T. Units, Gratuity, Insurance, Shares of Ltd Companies, all kind of Muhana Amadani Accounts, N.D.F.C., Pension, Special Saving Certificates (Regd) Accounts, D.S.P Funds, ETC

That whatever stated hereinabove is true and correct to the best of my knowledge and belief.

Dated: _____
Karachi

DEPONENT

Witnesses:

Name _____

Name _____

N.I.C No. _____

N.I.C No. _____

Signature _____

Signature _____