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GOVERNMENT OF SINDH
UNIVERSITIES & BOARDS DEPARTMENT
BENAZIR BHUTTO SHAHEED HUMAN RESOURCE
RESEARCH & DEVELOPMENT BOARD
Karachi dated the _____ 2026

NOTIFICATION

No. Admin/___/2026— In exercise of the powers conferred by section 26 of the Benazir Bhutto Shaheed Human Resource Research & Development Board Act, 2013. The Board is pleased to make the following regulations, namely:-

1. (1) These regulations may be called the Benazir Bhutto Shaheed Human Resource, Research & Development Board Employees (Group Insurance) Regulations, 2026. **Short title, commencement and extent.**

(2) They shall come into force at once.

2. (1) In these regulations, unless there is anything repugnant in the subject or context—

Definitions.

- (a) “Assistant Director (Finance & Accounts)”, in relation to an employee means the concerned officer of the Board;
- (b) “Act” means the Benazir Bhutto Shaheed Human Resource Research & Development Board Act, 2013;
- (c) “Form” means form annexed to these regulations;
- (d) “Organization” means such body corporate, institution, organization or autonomous body as has been specified by the Government;
- (e) “Secretary” means the Secretary of the Board; and
- (f) “Section” means a section of the Act.

(2) The words and expressions used but not defined in these regulations shall have the meanings assigned to them in the Benazir Bhutto Shaheed Human Resource, Research & Development Board Act, 2013 or regulations made thereunder.

3. (1) There shall be a group insurance committee, constituted under these regulations. The meeting of the group insurance committee (GIC) shall be held at least once in a quarter at the head office of Benazir Bhutto Shaheed Human Resource Research & Development Board

**Meeting of the
Group Insurance
Committee**

(2) An extraordinary meeting of the Committee may be called on the requisition of the members thereof under the orders of the chairperson of the committee to consider any urgent matter.

Provided that the members requisitioning the meeting shall clearly state the object of the meeting;

(3) Not less than three working days' notice shall be given for convening an extraordinary meeting:

(4) The members shall be paid remuneration as the Board may, from time to time fix for attending meetings or any daily allowance or travelling allowance to and from the place of their official duties to the place of the meeting.

4. (1) All decisions of the meetings of the Board shall be recorded in a minute book to be maintained by the Secretary of the committee.

**Duties of the
Secretary.**

(2) Subject to the general control and supervision of the chairperson of the committee, the Secretary of the committee shall be responsible for—

- (a) the conduct of correspondence on behalf of the committee;
- (b) the maintenance of all records of the committee;
- (c) the presentation of the budget for each financial year to the committee;
- (d) the preparation of the agenda and all matters ancillary to the meetings of the committee; and
- (e) the performance of such other functions as may be assigned to him by the committee.

5. The money credited to the Group Insurance Fund shall be deposited in the Sindh Bank or in such other scheduled Bank as may be approved by the Board for the purpose

Custody of the Funds.

6. (1) Every employee shall make a monthly payment to the Group Insurance Fund at the rate specified in **column (3) of the First Schedule**.

Premia to and Benefits from Group Insurance Fund.

(2) A sum specified in **column (4) of the First Schedule** shall be paid to the family of an employee who dies while in service.

(3) A sum specified in **column (3) of the Second Schedule** shall be paid to the family of an employee, who dies while in service on or after the promulgation of these regulations.

7. (1) Where the premium to the Insurance Fund cannot, for any reason, be deducted from the pay of an employee, the employee shall in the case he is serving abroad or any other organization within country on deputation or in any other case, remit the amount to the Board,

Payment of premia in default.

(2) Any premium to the Insurance Fund remaining unpaid due to inadvertence or negligence of the employee or otherwise shall, upon a direction in writing of the Board or Assistant Director (Finance & Accounts), be deducted, from the salary of such employee.

(3) Where the Assistant Director (Finance & Accounts) or the head of the Board as the case may be, upon a request being made in writing by the employee finds that deduction of the amounts remaining unpaid will result in any hardship to the employee, he may deduct the amount in such number of installments, not exceeding twelve as he may decide.

8. The Medical authority for purposes of these regulations shall be a Board constituted by the Government or this Board and consisting of three medical officers one of whom shall be a specialist in the field to which the incapacity of the employee to be examined relates.

Medical Authority for Declaring an Employee Incapacitated

9. (1) Every employee shall make a nomination conferring on one or more members of his family the right to receive a specified share of the sum assured.

Nomination of Beneficiaries of the Sum Assured.

(2) The employee may provide in the nomination: -

(a) that, in the event of any one of the nominees pre-deceasing the employee, the right conferred upon that nominee under sub-

regulation (1) shall pass to such other member or the members of the employee's family as he may specify in the nomination; and

- (b) that, the nomination in respect of all or any of the nominees shall become void in the event of the happening of any contingency specified therein.
- (3) Every nomination shall be in Form "A".
- (4) An employee may at any time cancel a nomination made under sub-regulation (1) and make a fresh nomination.
- (5) A nomination under sub-regulation (1), or a fresh nomination under sub-regulation (4), made by an employee shall be in triplicate and one copy of the nomination or as the case may be, fresh nomination shall be signed by the head of the office and returned to employee, one copy shall be placed in the confidential report or, as the case may be, Service Book of the employee and the third copy shall be placed in the Master Folder to be maintained by section / wing concerned.
- (6) A nomination under sub-regulation (1), or a fresh nomination under sub-regulation (4), made by an employee shall, to the extent it is valid, take effect on the date on which it is received by the section / wing to whom it is sent under sub-regulation (5).

10. Where no valid nomination made by the employee subsists at the time of his death in relation to the sum assured or any part thereof, the whole amount or, as the case may be, the part to which the nomination does not relate, shall be paid to the member or members of the family of the deceased employee in the manner hereinafter appearing:

Payment of Sum Assured where no Valid Nomination Subsists.

- (a) The Board or an officer authorized by it in this behalf, may determine the members of the family of the deceased employee who are eligible to receive the sum assured:

Provided that if the members of the family of the deceased employee are determined by an officer authorized by the Board, any member may, within thirty days of such determination, appeal to the Board.

- (b) If the members of the family of the deceased employee agree to nominate anyone of them to receive sum assured, the payment shall be made to that member.

- (c) If there is no such agreement, the payment shall be made in the following manner: -
- (i) If the deceased employee is survived by wife, or as the case may be husband, the sum assured shall be paid to her or, as the case may be, him; and, in case the deceased employee is survived by more than one wife, the amount of the sum assured shall be distributed between them in the ratio of the number of members each one of them will maintain:

Provided that the recipient shall undertake to utilize the amount so received for the maintenance and benefit of all the members of the family of the deceased employee.

- (ii) If the deceased employee is not survived by wife or as the case may be, husband the amount of the sum assured shall be distributed amongst the members of the family of the deceased employee keeping in view the requirement of each such member.

11. (1) On the death of an employee during the continuance of his employment, the head of the office of such employee shall forward, through the head of the department, an application in Form "B" to the Board for payment of the sum assured.

Submission of application for group insurance.

(2) When an employee is declared by the medical authority to have been completely incapacitated, physically or mentally to discharge the duties of his employment and is, for that reason, removed from service, the head of the office of such employee shall forward through the head of the department an application in Form "B" to the committee for payment of the group insurance benefit.

(3) Upon receipt of an information that a retired employee has died within the period prescribed in these regulations, the head of the office wherefrom such employee retired shall forward, through the head of the department, an application in Form "B" to the Board for payment of the group insurance funds.

(4) Upon receipt of an application under this regulation, the Board shall, after making such enquiry and taking such evidence in the case of an application under sub-regulation (3) as it may be necessary, pay the sum assured, to the person entitled to receive it under regulation 9 or regulation 10 as the case may be.

12. The Board shall directly pay to the family member(s) of a deceased employee, a sum specified in column (4) of the First Schedule, as sanctioned under these regulations. **Payment of Sum Assured.**
13. Where a committee, constituted under these regulations, recommends eighty percent or more disability for an incapacitated employee, the employee shall be treated as completely incapacitated physically or mentally for the purposes of group insurance. **Medical Incapacitation**
14. A sum specified in column (3) of the Third Schedule shall be paid out of Group Insurance Fund to an employee who retires on medical grounds in terms of regulation 13. **Payment of lump sum grant on invalid retirement**
15. (1) Education stipends shall be paid to outstanding children of the eligible employees out of the Group Insurance Funds subject to the conditions hereinafter prescribed. **Payment of stipends to outstanding children**
- (2) The student for the purpose of the said stipends shall be regular student of the institution, who has obtained at least eighty percent marks in the immediately last held board or university examination. In case sufficient students in a particular category do not qualify, the Committee may change the percentage of marks:
- Provided that maximum two children of an eligible employee shall be entitled to the said stipends in a financial year.*
- (3) The stipends shall be paid for post-matric studies, at college or university level excluding Ph.D and M.Phil studies. The Board in this context may prescribe categories. The amount of stipends shall also be fixed by the Board from time to time according to the availability of budget.

SECRETARY TO THE BOARD

FIRST SCHEDULE
[See regulation 6 (1) and (2)]

The rate of contribution to the Group Insurance Fund and the amount of sum assured to be paid to the family of an employee, shall be as under:

Sl. No.	MONTHLY PAY (RS)	RATE OF MONTHLY CONTRIBUTION (RS)	SUM ASSURED (RS)
(1)	(2)	(3)	(4)

SECOND SCHEDULE

[See regulation 6 (3)]

The amount of sum assured to be paid to the family of an employee shall be as under:

Sl. No.	Monthly pay (Rs.)	Sum Assured
(1)	(2)	(3)

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THIRD SCHEDULE

(See regulation 14)

Lump Sum Grant on Invalid Retirement

A lump sum grant shall be paid to an invalid employee with effect from the date of promulgation shall be as under:

Sl. No.	Monthly pay (Rs.)	Lump sum grant on invalid retirement (Rs.)
(1)	(2)	(3)

FORM "A"

(See regulation 9)

FORM OF NOMINATION

Name & Designation of the employee _____

Service/Department _____

I hereby nominate the person/persons mentioned below who is/are member/members of my family as defined in section 2 of these regulations, to receive the sum assured in the event of my death.

PART-I

(For wife/husband only)

Name of nominee/nominees	Relationship	Age	Specification of share	Remarks

PART-II

(For members of family other than wife/husband)

Name of nominee/nominees	Relationship	Age	Specification of share	Remarks

Certified that the member or members of my family mentioned in Part-II are wholly dependent upon me. The earlier nomination made by me may kindly be treated as cancelled.

Date _____

Signature or thumb impression
of the employee.
(Name in block letters)
Designation/Service

Witness:

1. _____
(Signature/thumb impression)

(Name & Designation in block letters)

2. _____ Signature & seal of head
(Signature/thumb impression) of the Office

(Name & Designation in block letters)

FORM "B"

(See Regulation 11)

PART I

1. (a) Name of the deceased/incapacitated employee _____

(b) Father's/Husband's Name _____
(c) His/her service or department _____
(d) Head of Office _____
(e) Station/place of last posting _____
(f) Last appointment held _____

2. Pay per month i.e. (a) Basic Pay.
(b) Special Pay.
(c) Technical Pay.
(d) Personal Pay.
(e) Indexation Pay.
(f)

3. Date of Birth _____
4. Date of entry into service _____
5. Date of death (death cases only) _____

6. Date of removal from service on account of _____
- (a) Incapacitation _____
- (b) Retirement _____
- (c) Death during service _____

7. Name/Names of nominee/nominees (Nomination required both in death and invalid cases).

Sl.No.	Name	Age	Relationship	Profession	Marital Status	Monthly Income
(a)						
(b)						
(c)						
(d)						
(e)						
(f)						

8. Address of nominee(s) of the deceased or incapacitated employee where correspondence can be made. (In death cases where there are no nomination similar particulars of eligible dependent may be given).
9. Branch of designated bank nearest to the residence of beneficiary/beneficiaries.
10. Period for which contributions to Group Insurance Funds were not paid _

PART II

11. Following Documents must be submitted with claim:
- (a) Annex "A". ___ A copy of last pay certificate by the Head of the Office duly attested by the Head of Department.
- (b) Annex "B". ___ Attested Photostat copy of the page of service book document showing date of birth.

- (c) Annex “C”.— Attested Photostat copy of the page of service book showing date of entry in service.
- (d) Annex “D”.— (Death Cases only) three copies of death certificate duly attested. These may be in the form of office order notifying the death, certificate by a medical officer or extract from the register of births/death of Union Council/Union Committee/Municipal Committee / NADRA / Civil Court.
- (e) Annex “E”.— (Invalid Cases) A copy of the Medical Board proceedings duly attested by the Head of the Department. Medical Board must comprise of three Medical Officers one of them being a specialist. Medical Board proceedings must record the case history and the exact nature of disability. (See Part IV).
- (f) Annex “F”.— Nomination form duly attested.
- (g) Annex “G”.— List of family members and dependent i.e., wife/wives, children, father, mother, minor brothers and unmarried/divorced sisters. The list should indicate name relationship, age, marital status, profession, monthly income and present address.
- (h) Annex “H”.— Wholly dependence certificate (other than wife and husband) by the Head of Department.
- (i) Annex “I”.— Envelope containing four copies of photographs duly attested in respect of each nominee or the incapacitated employee bearing the name of the person on the reverse of three photos and one on the face. In case of Purdah observing ladies, photographs will not be required. A certificate that they are Purdah observing must be attached.
- (j) Annex “J”.— Four signatures/thumb impressions on separate sheets (four on each sheet) of each nominee/dependents/incapacitated employee duly attested by the competent authority.

12. Head of Office, while signing the application form, will ensure that it is properly completed in all respects and all the requisite documents are sent along with it. To avoid any delay in processing to quick disposal of the claims.

PART III

Certificate by the Head of Department.

1. Certified that the information contained above is correct according to our record.

2. Certified that the above-named employee is/was neither a contingency work charged, ad-hoc, contract employee nor a deputation from any Provincial Government.

(In case of a deputation from any government department to the Board, the case will be preferred by his parent department).

3. Certified that the employee died during the continuance of his service (death cases only).

4. Certified that the employee died after retirement before attaining the age of seventy years (death after retirement cases only).

5. Certified that the above claim has been preferred for the first time and has not been sent previously.

N.B. _____ Score out which is not applicable.

Dated _____

Seal and Signature Head
of the office.

PART IV

Invalidation Certificate

1. Important Instructions:

- (a) All columns must be typed.
- (b) All columns must be filled. Those not applicable must be crossed.
- (c) Head of the Department is personally responsible for accurate completion of this form.
- (d) An individual will not be removed from service until Head of the Department has approved the Medical Board proceedings.
- (e) Medical Board must comprise three members one being a Specialist.

Name _____ S/o, D/o, W/o _____

Designation _____ Office _____

Department _____ Total Service _____

Age: Per Statement/documents _____ per appearance _____

Identification marks _____

(Left hand thumb impression/signatures duly attested)

Opinion: (A detailed statement of medical case and of the treatment adopted. If necessary, attach documents).

Signature & Seal of
Medical Specialist

2. Opinion of the Medical Board:

In consequence of _____

We consider him/her (name) _____

- (a) To be completely and permanently incapacitated for further service of any kind.
- (b) Completely and permanently incapacitated for service in the Department to which he/she belongs.
- (c) Incapacitated for service in the appointment which he now holds but we are of the opinion that he/she is (or may after resting for _____ months be) fit for further service of less laborious character than that which he/she has been doing.
- (d) His/her degree of disability _____ % age.
- (e) His/her incapacity does/ doesnot appear to have been caused /aggravated or accelerated by irregular or intemperate habits.

Dated: _____

President (Name, Signature & Seal)

Member

Name, Signature & Seal

Member

Name, Signature & Seal

APPROVED/NOT APPROVED

(For partial) disability See for guidance **CSR article 447 (b)**. If a person is likely to improve after a certain period, he may be given long leave admissible to him instead of invaliding him out of service.

Place _____

Dated _____

HEAD OF DEPARTMENT
(Name, Signature & Seal)

1. Administrative instructions relevant to these regulations

Deductions in pursuance of the Group insurance— All the provisions of these regulations have come into force as from the date of approval of these regulations by the Board in respect of all employees as defined in the regulations. It is, therefore, necessary that the deductions on account of premia for Insurance Fund should be started from the salaries of all subscribing employees.

2. The monthly rates of premia to the Insurance Fund will be prescribed separately.

3. It is requested that necessary instructions on the above lines may kindly be issued to all concerned so that deductions in pursuance of these regulations may be made without fail from the pay bills of employees.

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Revised Application for Payment of Farewell Grant on Retirement

PART-I

1. i) Name of the employee _____
ii) Designation with BPS _____
iii) Department _____
iv) Father's/Husband's Name _____
v) CNIC No. _____
2. Last Pay per month (a) Basic Pay _____
(b) Special Pay _____
(c) Senior Post Allowance _____
(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 Group Insurance Funds were not paid _
7. Interruption in service (if any) _____
8. Present address of the employee _____

()

SIGNATURE OF THE EMPLOYEE

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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 deputations from a Provincial Government/Autonomous body.
3. Certified that the above-named employee is covered under the provisions of BEBF Regulations 2026 and had been contributing to the benevolent funds. In case of any variation the board will be responsible to pay back the amount of Farewell Grant. Certified that the farewell grant claim has been preferred for the first time.
4. Following documents are submitted with claim:
 - i) An attested copy of initial appointment letter of the employee. (Annex-I)
 - ii) An attested copy of last pay certificate issued by the Head of the Office. (Annex-II)
 - iii) A copy of retirement orders of the employee. (Annex-III)
 - iv) An attested copy of Pension Payment Order Book (where pension is not applicable a certificate of service record by Head of the Department). (Annex-IV)
 - v) An attested copy of CNIC*. (Annex-V)
 - vi) An attested copy of last month schedule of recovery of Group Insurance Funds made from the pay bill of the retired employee may also be provided. (Annex-VI)

Seal and Signature
Head of the Office

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Application For Grant of Educational Stipend

PART-A

PARTICULARS OF EMPLOYEE:

1	a) Name of Employee (in block letters)																			
	b) Designation																			
2	CNIC No.																			
3	Department with complete postal address and contact No.																			
4	a) Basic Pay Scale																			
	b) Status of employee	Gazetted									Non-Gazetted									
	c) Present basic pay																			
5	Particulars of the stipend, if any, received last year from the BEB & GIF										Amount									
											Class									

Certified that the application is preferred first time for payment of Educational Stipend for the year _____.

I hereby solemnly affirm that the above information is correct to the best of my knowledge and belief.

Dated: _____

(Signature of the employee)

PART-B

(To be filled in by the Head of Department of the employee) No.

_____.

Dated:- _____.

Certified that Mr./Mrs./Miss.....holds the post of in this office and that his/her basic pay scale at present is BS-(Gazetted/Non-Gazetted).

Signature and seal of Head
of the Department

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In case of retired/deceased employees certificate at Part-B is not required. They may attach a copy of Pension Payment Order, Last page of Pension Book or attested copy of retirement order and LPC.

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PART-C

PARTICULARS OF STUDENT

1	Full name of the Student (in block letters)																			
2	Father's name, Designation and office of employment																			
3	Date of Birth	Day			-	Month			-	Year										

4. Particulars of present studies:-

Name and address of the institution where studying	Name of the Board, University or Department recognizing the Institution	Class of present study	Present subjects of study	Date of commencement of the academic session	Duration of the course

5. Previous academic record (starting from the last examination passed).

Name and address of the Institution(s) last attended	Examination passed	Date of passing the examination	University/ Board	*Marks obtained		
				Total	Obtained	%

*Marks obtained are essentially required alongwith Grade/GPA. Postal

Address and Contact No. of Parents

Signature of the Student

PART-D

(To be filled in by the Head of the Educational Institution where the student is on roll).

Certified that Mr./Miss..... S/o /
D/o..... is a bonafide student of this Institution, studying in
Class..... and that the particulars furnished by him/her
from Serial Nos. **1 to 5** of Part “C” of this application form are correct.

2. Certified that Mr./Miss S/o/D/o
.....had obtained
.....marks out of total marks of.....in terms of
percentage.....in the last examination (either present institution or
Board/University). His/her date of admission to the present programme is
.....

3. Certified that this institution is a Government Institution/Accredited Private
Institution recognized by the Government of..... /
Intermediate & Secondary Board/University or Higher
Education Commission, Islamabad.

Postal Address and Contact No. of Institution:

**Signature and Seal of Head of
the Institution**

Attested copies of the following documents are to be submitted alongwith application.

- | | |
|---|---|
| 1. Detail marks sheet of the last examination passed. | 5. In case female employee, Form 'B' or any documentary proof regarding relationship of the student to the female employee. |
| 2. Certificates/degree of student. | 6. Latest pay slip of employee showing complete detail of earnings and deductions. |
| 3. CNIC or Form 'B' of the student. | |
| 4. CNIC of employee. | |
